


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90052 042 \*\*\*150.00

**DOCUMENT # P03000100693**  
 1. Entity Name  
**COFLATEC, CORP.**



Principal Place of Business Mailing Address  
**6708 NW 82 AVE** **6708 NW 82 AVE**  
**MIAMI FL 33166** **MIAMI FL 33166**

34055101



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**8333 NW 66 St** **8333 NW 66 St**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Florida City & State Miami Florida  
 Zip 33166 Country USA Zip 33166 Country USA

4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**REHM, RODOLFO**  
**6708 NW 82 AVE**  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent  
 Name **Adriane Ortiz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8333 NW 66 St**  
 City **MIAMI** FL Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *[Signature]* **Adriane Ortiz** DATE **04/16/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBLES, RODOLFO P	
STREET ADDRESS	AVE 131 #91 E/39 Y40	
CITY-ST-ZIP	L PLATA(1900) ARGENTINA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEL GROSSO, ENRIQUETA A	
STREET ADDRESS	AVE 131 #91 E/39 Y40	
CITY-ST-ZIP	L PLATA(1900) ARGENTINA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **04/16/04** DAYTIME PHONE #: **305-436-3120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #