

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113902

Entity Name: DOWPOST INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

18619 NW 45 AVE
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

18619 NW 45 AVE
MIAMI, FL 33055

New Mailing Address:

FEI Number: 32-0095249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, YOLANDA V
3661 NW 193 STREET
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

POSTEMICE, MYRTHA
18619 NW 45 AVE
MIAMI, FL 33055 US

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.

SIGNATURE: MYRTHA POSTEMICE

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, YOLANDA V
Address: 3661 NW 193 STREET
City-St-Zip: MIAMI, FL 33056 DA

Title: P (X) Delete
Name: POSTEMICE, MYRTHA
Address: 18619 NW 45 AVE
City-St-Zip: MIAMI, FL 33055 DA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: POSTEMICE, MYRTHA
Address: 18619 NW 45 AVE
City-St-Zip: MIAMI, FL 33055 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTHA POSTEMICE

CEO

04/21/2004

Electronic Signature of Signing Officer or Director

Date