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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 2004 8:00 am Secretary of State DOCUMENT # P03000120009 1. Entity Name 02-12-2004 90025 007 ***150.00 ANDRADA GUERZON #2 CORP. Principal Place of Business Mailing Address 509 W VERONA ST 509 W VERONA ST KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address SAMO 90MO Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDRADA, EDITHA D Street Address (P.O. Box Number is Not Acceptable) 509 W VERONA ST KISSIMMEE FL 34741 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE ANDRADA, EDITHA D NAME NAME STREET ADDRESS 509 W VERONA ST STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP D ☐ Change Delete TITLE Addition TITLE ANDRADA, GREGORIO M NAME NAME STREET ADDRESS 509 W VERONA ST STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CJTY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition **GUERZON, ROBERT** STREET ADDRESS 509 W VERONA ST STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GUERZON, PERLITA NAMF NAME 509 W VERONA ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-7/P ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED