2004 FOR PROFIT CORPORATIÓN ANNUAL REPORT

9/30/2004-90011-028-\$150.00-\$150.00

04 OCT 28 AM 11: 25

| DOCUMENT # P03000127437 1. Entity Name | | | | | | | | 28 AMII:2 | |
|--|--|----------------|--|----------------------|---------------------------------------|--|-----------------------------|--|-------------------------------|
| M.L.Y. Tii | LE, COR | P | | | | | SECRE TALLAH | (WRY OF STAT ASSEE FLORID | E DA |
| Principal Place of Business 829 107TH AVE NORTH APT SOUTH NAPLES, FL 34108 | | | Mailing Address 829 107TH AVE NORTH APT SOUTH NAPLES, FL 34108 | | | | . E0:45 HIL 00:4 GB/H 40:14 | | 181731 A 179) |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 09222004 | Chg-P | CR2E034 (10/03) |) |
| City & State | | | City & State | | | 4. FEI Numb | er 35-22, | 18078 | opplied For lot Applicable |
| Zip | Country | | Zip Cou | | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | | | |
| VLADIMIR LETVA, MARIO | | | | | | | | | |
| 829-107TL | | | s (P.O. Box Numb | er is Not Acceptable |) | | | | |
| APT SOUTH | | | | | | | | | |
| NAPLES, 1 | FL: -34108 | NAPL | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | , | | , | City | | | FL Zip Co | de) |
| 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 primed name of registered agent and bide if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 5.00 May Be dded to Fees | | vith s. 607.193(2)(b) not receive the prior | |
| 10. | · · | OFFICERS AND I | DIRECTORS | 11. | <u> </u> | ADDITIONS | CHANGES TO OFF | ICERS AND DIRECTOR | RS IN 11 · |
| TITLE | PSD Detere | | | | | | | ☐ Change | Addition |
| NAME | VLADIMIR LEYVA, MARIO 829-197TH AVE NORTH APT. SOUTH | | | | E 2 | O ROYA | 2 COVER | DR | |
| STREET ADDRESS CITY-ST-ZIP | | FL-34108 | STREET ADDRES CITY-ST-2P | | ET ADDRESS -St-29P | NAPLI | Z E.34 | DR 110-6369 | 6 |
| TIFLE | ☐ Oelste | | | | | | | Change | Addition |
| NAME | \ | | Colete TITLE | | 1 | | | C) comite | - Authori |
| STREET ADDRESS | | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | | -ST-ZP | | _ | | |
| NAME | 1 | | ☐ Delete | TITLE | l l | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | */ · · · · · · · · · · · · · · · · · · · | | | | E DORESS | | • | - | |
| = CITY+ST-ZIP | | | | CITY | -ST-2P | | ···· | | |
| 1m.E | | | ☐ Defete | TITLE | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAM | E Et audress | | | | į |
| CITY-ST-ZIP | } | | | | -\$7-ZIP | 10. | | | |
| TITLE | | 717. | ☐ Delete | TITLE | | <u>``</u> | | ☐ Change | Addition |
| NAME | | | | NAM | E | | | | |
| STREET ADDRESS CITY-ST-ZIP | . | | | | ET ADDRESS -ST-ZIP | | | 4 | |
| TITLE | | | ☐ Delete | tmu | | | | | Addition |
| NAME | | • • • | - 06/5/6 | NAM | | , | • | | , . 🗀 -000001 |
| STREET ADDRESS City-ST-2IP | | | 수 다 다 | | ET ADORESS -ST-ZIP | | · · · · · · · · · · · · | ره اردن الهام الم | |
| 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 if 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: SIGNATE OF PRINTED NAME OF SEGRING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR | | | | | | | | | |
| SIGNATURE: 100 Dayling AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proces | | | | | | | | | |