

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/28/2004-90001-004-\$550.00-\$550.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09172004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000127481					
1. Entity Name CAMBIO ALEMAN TRANSATLANTICO, INC.					
Principal Place of Business 9819 NW 30TH STREET MIAMI, FL 33172			Mailing Address 9819 NW 30TH STREET MIAMI, FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0766959 Applied For ☐ Not Applicable	
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		
JORDAN, JAMES S 9819 NW 30TH STREET MIAMI, FL 33172			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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			DATE 9/17/04		
(NOTE: Registered Agent signature required when reappointing) Signature of individual or name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARCE, JORGE		NAME	REMOVED	on
STREET ADDRESS	CALLE 9 OESTE NO. 105 EQUI PETROL		STREET ADDRESS		
CITY-ST-ZIP	SANTA CRUZ, BOLIVIA		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JORDAN, JAMES S		NAME		
STREET ADDRESS	9819 NW 30TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			JAMES S. JORDAN DATE 9/17/04		