2004 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Apr 26, 2004 8:00 am Secretary of State				
DOCU 1. Entity Nam LOMBAR				04-26-2004 90454 011 ***158.75							
Principal Place of Business 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE SUITE 1480 MIAMI, FL 33131								
2. Principal Place of Business 141 NE 3rd AVE Suite, Apt. #, etc.			3. Mailing Address 141 NE 313 AVE Suite, Apt. #, etc. 100			E					
lioo City& State MiAmi,FL			City & State Migmi, FL				4. FEI Number 20 - 0735850 Applied For Not Applicable				
3313	_	Country U.S.	^{Zip} 33132	Country	<u>، ک</u> ، د	•		of Status Desire	Fer	3.75 Addit e Required	tional
TRUJILLO 701 BRICK SUITE 148 MIAMI, FL		7. Name and Address of New Registered Agent Name JUAN DIEGO CALLE Street Address (P.O. Box Number is Not Acceptable) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII									
the obligat SIGNATURE_	Signature Your		9. Election Campai	registered of Registered Age gn Financin	office or r	\$5.0		th, in the State of	Florida. I am tam		32 Ind accept
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALLE, J 701 BRIC MIAMI, FL	KELL AVENUE, SUITE	Delete	11. TITLE NAME STREET A CITY-ST-	DORESS	141	LE, JEN NE 3		SUITE	Change	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA MARIA KELL AVENUE, SUITE	Detete **	TITLE NAME STREET A CITY-ST-	DORESS	сАL 141	NE 31		22 == = 2 5017E		
TITLE NAME STREET ADORESS CITY+ST-ZIP	SD Delete CALLE, ROSA HELENA s 701 BRICKELL AVENUE, SUITE 1480 MIAMI, FL 33131				DORESS	5 D CAU 141					
TITLE Name Street address City - St - Zip			Delete	TITLE NAME STREET A CITY-ST-	NDORESS] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET AI CITY+ST+	ZIP				_] Change	Addition
12. I hereby of indicated of the cor	certify that th l on this repo rporation or t	e information supplied with rt or supplemental report is he receiver driftrustee empo achment withtan address.	this filing does not qualify for true and accurate and that m wered to execute this report with all other-like empowered?	the exempt ty signature as required	tion state shall ha by Chap	ed in Sec we the sa oter 607,	tion 119.07(3) ame legal effect Florida Statute	i), Florida Statute t as if made und s; and that my n	es. I further certify er oath; that I am ame appears in B	that the inf an officer c lock 10 or l	formation or director Block 11 if
SIGNAT		Moun	RINTED NAME OF SKINING OFFICER	, Je	NAR		AUE "	11 - 1	305		2500.
				5					wayin		