

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145941

FILED
Apr 30, 2004
Secretary of State

Entity Name: KISSIMMEE ASSOCIATES, INC.

Current Principal Place of Business:

2455 WINDFIELD DR
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

2455 WINDFIELD DR
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-0654024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIOS, ARTURO M ESQ.
2455 WINDFIELD DR
KISSIMMEE, FL 34743

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GANNINI, TRANSPORTE
Address: ZONA INDUSTRIAL MATANZA CALLE EL PORTILLO
City-St-Zip: PUERTO ORDAZ BOLIVAR,VZ,

Title: D () Delete
Name: GIANNINI, CLARA
Address: URBANIZACION LA QUERENCIA MANZANA 4 #9
City-St-Zip: PUERTO ORDAZ,VENEZUELA,

Title: D (X) Delete
Name: HERNANDEZ, CARLOS
Address: URBANIZACION LA QUERENCIA MANZANA 4 #9
City-St-Zip: PUERTO ORDAZ,VENEZUELA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIANNINI, CLARA
Address: 2455 WINDFIELD DRIVE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: D (X) Change () Addition
Name: HERNANDEZ, CARLOS
Address: 2455 WINDFIELD DRIVE
City-St-Zip: KISSIMMEE, FL 34743 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: CLARA GIANNINI

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date