2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 20, 2004 8:00 am Secretary of State **DOCUMENT # P03000147243** 1. Entity Name 04-22-2004 90068 038 ***150.00 FLORENTINO BARAJAS, INC. Principal Place of Business Mailing Address 1900 W FINLAND DRIVE 1900 W FINLAND DRIVE UC167500 DELTONA FL 32725 DELTONA, FL 32725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For D6-1714 119 Not Applicable Ζłο Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARAJAS, FLORENTINO Street Address (P.O. Box Number is Not Acceptable) 1900 W.FINLAND DRIVE DELTONA, FL 32725 E. Nancock City FL 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. E. Hernandez SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financino \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Beuretary TITLE Delete Isidro Alvizo Gonzalez BARAJAS, FLORENTINO NAME MANC Krisident 1900 W FINLAND DRIVE 1900 W. Finland Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP DeHona, Fl ☐ Addition πη€ TITLE Change CASTANEDA, CERVANDO NAME NAME 1900 W FINLAND DRIVE | STREET ADDRESS STREET ADDRESS CITY-ST-709 DELTONA, FL 32725 CITY-ST-7IP TILE Change Addition Delete TEFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete me Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY_ST-7IP MILE TITLE ☐ Channe ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Detete TITLE

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 turther 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

Date MAY 15.04

FILED