

2004 FOR PROFIT CORPORATION ANNUAL REPORT

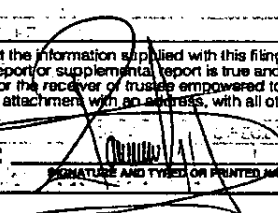
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Mar 16, 2004 8:00 am
Secretary of State

02-17-2004 90014 018 ***150.00

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02102004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000149998					
1. Entity Name RENEW LAND CORP.					
Principal Place of Business 16 DREW DR. VENUS, FL 33960			Mailing Address 5993 SW 43RD ST. DAVIE, FL 33314		
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 80-0088613	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARISTIZABAL, RAMIRO 5993 SW 43RD ST. DAVIE, FL 33314			7. Name and Address of New Registered Agent		
			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00			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	DPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARISTIZABAL, RAMIRO		NAME		
STREET ADDRESS	16 DREW DR.		STREET ADDRESS		
CITY-ST-ZIP	VENUS, FL 33960		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARISTIZABAL, MAGDA		NAME		
STREET ADDRESS	16 DREW DR.		STREET ADDRESS		
CITY-ST-ZIP	VENUS, FL 33960		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: 			02-12-04 (954) 968-6254		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		