
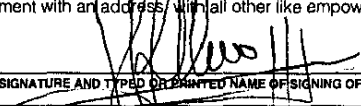


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90376 035 \*\*\*150.00

<b>DOCUMENT # P03000151867</b>			
<b>1. Entity Name</b> <b>OFFENBACH CORPORATION</b>			
<b>Principal Place of Business</b> <b>5445 COLLINS AVENUE</b> <del>#1111</del> <b>CU 14</b> <b>MIAMI BEACH, FL 33140</b>		<b>Mailing Address</b> <b>5445 COLLINS AVENUE</b> <del>#1111</del> <b>CU 14</b> <b>MIAMI BEACH, FL 33140</b>	
<b>2. Principal Place of Business</b> <b>5445 COLLINS AVE</b>		<b>3. Mailing Address</b> <b>5445 COLLINS AV</b>	
Suite, Apt. #, etc. <b>SUITE CU 14</b>		Suite, Apt. #, etc. <b>SUITE CU 14</b>	
City & State <b>MIAMI BEACH</b>		City & State <b>MIAMI BEACH</b>	
Zip <b>33140</b>		Zip <b>33140</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>4. FEI Number</b> <b>84-1634112</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>RUBEN MECOZZI, HORACIO</b> <b>5445 COLLINS AVENUE</b> <del>#1111</del> <b>CU 14</b> <b>MIAMI BEACH, FL 33140</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>5445 COLLINS AV</b> <b>SUITE CU 14</b> City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE  DATE <b>4/6/03</b> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>RUBEN MECOZZI, HORACIO</b> STREET ADDRESS <b>5445 COLLINS AVENUE #1111 CU 14</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>5445 COLLINS AV SUITE CU 14</b> STREET ADDRESS <b>SUITE CU 14</b> CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>			
<b>SIGNATURE:</b> 		Date <b>4/6/04</b> Daytime Phone # <b>305 978 7840</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			