


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 91033 031 ***158.75

DOCUMENT # P03000157148

1. Entity Name
JOSUE ROSARIO-PASTRANA INC.



Principal Place of Business Mailing Address
832 ORIENTA AVE, # A **832 ORIENTA AVE, # A**
ALTAMONTE SPRINGS, FL 32701 **ALTAMONTE SPRINGS, FL 32701**

66422101



2. Principal Place of Business 3. Mailing Address
834 Orienta Ave **834 Orienta Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#C **#C**

City & State City & State
Altamonte Spgs, FL 32701 **Altamonte Spgs, FL 32701**

Zip Country Zip Country
32701 **FL** **32701** **FL**

03102004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
75-3139698 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSARIO-PASTRANA, JOSUE 832 ORIENTA AVE, # A ALTAMONTE SPRINGS, FL 32701		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

President

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME JOSUE ROSARIO PASTRANA <input type="checkbox"/> Delete STREET ADDRESS 834 Orienta Ave, # C CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-5633		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Josue Rosario Pastрана 4/23/04 407-443-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #