2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
04-26-2004 91033 031 ***158.75

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DOCUMENT # P03000157148

1. Entity Name
JOSUE ROSARIO-PASTRANA INC.

66422101

03102004 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
834 Orienta Ave	834 Orienta Ave.
Suite, Apt. #, etc. #C	Suite, Apt. #, etc. #C
City & State Altamonte Spgs. FL 32701	City & State Altamonte Spgs. FL 32701
Zip 32701 Country	Zip 32701 Country

4. FEI Number 75-3139698 ☐ Applied For ☐ 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 reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JOSUE ROSARIO-PASTRANA Inc. ☐ Delete 834 orienta ave, # C Altamonte Springs FL 32701-5633	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 Pastrana 4/23/04 407-443-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #