

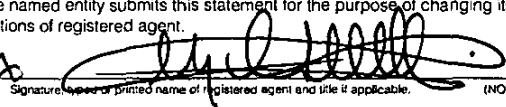
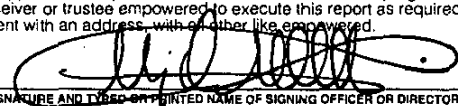


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90287 027 ***150.00

DOCUMENT # P04000068854 1. Entity Name ALBORNOZ CORPORATION					
Principal Place of Business 3900 HOLLYWOOD BLVD. #103 HOLLYWOOD, FL 33021			Mailing Address 3900 HOLLYWOOD BLVD. #103 HOLLYWOOD, FL 33021		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1031744	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINZON, MIGUEL A 3221 PORT ROYALE DRIVE SOUTH #G FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name MIGUEL ALBORNOZ Street Address (P.O. Box Number is Not Acceptable) 3221 Port Royale Drive South # 6 City FT LAUDERDALE FL Zip Code 33308	
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  <small>Signature of person or printed name of registered agent and title if applicable.</small>				DATE 01-29-2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PINZON, MIGUEL A 3221 PORT ROYALE DRIVE SOUTH #G FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MIGUEL ALBORNOZ 3221 Port Royale Drive South # 6 - Fort Lauderdale - FL-33308	<input checked="" 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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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 or without other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 01-29-2005		