

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90033 046 \*\*\*150.00

<b>DOCUMENT # P04000116607</b> 1. Entity Name <b>MADE BY HAND IMPORTS, CORP.</b>			
Principal Place of Business <b>525 NE 26 TERRACE MIAMI, FL 33137</b>		Mailing Address <b>525 NE 26 TERRACE MIAMI, FL 33137</b>	
2. Principal Place of Business <b>777 NW 72 AVE</b> Suite, Apt. #, etc. <b>1066 (1CC29)</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b>	3. Mailing Address <b>777 NW 72 AVE</b> Suite, Apt. #, etc. <b>1066 (1CC29)</b> City & State <b>MIAMI, FL</b> Zip <b>33126</b>	03312005      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>20-1475233</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		% F, 0, , , - - 2 2, 3 F &	
6. Name and Address of Current Registered Agent  <b>VIVAS, MELBA P 525 NE-26 TERRACE MIAMI, FL 33137</b>		7. Name and Address of New Registered Agent Name <b>OROZCO, NIDIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 NW 72 AVE, SUITE 1066</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</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. SIGNATURE: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD VIVAS, MELBA P 525 NE 26 TERRACE MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OROZCO PATRICIA 777 NW 72 AVE SUITE 1066 (1CC29) MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VELAZCO, DEISIOSLAVA 525 NE 26 TERRACE MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAVELO, ALEJANDRO 777 NW 72 AVE SUITE 1066 (1CC29) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OROZCO, NIDIA L 525 NE 26 TERRACE MIAMI, FL 33137 <input checked="" 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
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
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:		03/31/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	