

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P35046
 1. Entity Name
REMESAS QUISQUEYANA, INC.



Principal Place of Business Mailing Address
 4468 BROADWAY 4468 BROADWAY
 NEW YORK, NY 10040 NEW YORK, NY 10040

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 11-2784238 Not Applicable

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

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

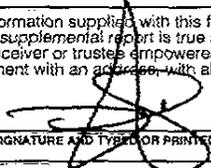
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMENTEROS, ERNESTO J.
STREET ADDRESS	CAONABO 59
CITY - ST - ZIP	SANTO DOM., DOM. REP.
TITLE	V
NAME	ARMENTEROS, ERNESTO E.
STREET ADDRESS	CAONABO 59
CITY - ST - ZIP	SANTO DOM., DOM. REP.
TITLE	STD
NAME	JULIA FRANCISCO JOSE
STREET ADDRESS	301 E 66ST #5-L
CITY - ST - ZIP	NY, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000168014
 07/13/04-80001-002 550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____  _____ Date: 7/13/04 Daytime Phone #: 800-892-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR