


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90240 029 ***150.00

DOCUMENT # P93000016446	
1. Entity Name BACKBONE, INC.	

Principal Place of Business 4201 SW 87 AVE MIAMI FL 33165 US	Mailing Address 150 TEQUESTA STREET TAVERNIER FL 33070 US
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14022072



MOORE CR2E034 (11/03)

2. Principal Place of Business 4201 SW 87 AVE Suite, Apt. #, etc. MIAMI	3. Mailing Address 150 TEQUESTA ST Suite, Apt. #, etc.
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City & State MIAMI	City & State TAVERNIER
Zip FL 33165 Country USA	Zip FL 33070 Country USA

4. FEI Number 65-0406366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TEJERA, PAUL A 55 HARBOR DR PLANTATION LAKES ESTATE ISLAMORADA FL 33036	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u><i>Paul Tejera</i></u> DATE <u>4/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEJERA, PAUL A 55 HARBOR DR., PLANTATION LK. EST. ISLAMORADA FL 33036 <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	S TEJERA, IDA 4201 SW 87TH AVE MIAMI FL 33165 <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
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.	
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SIGNATURE: <u><i>Paul Tejera</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4/23/04</u>	DAYTIME PHONE: <u>305-8527888</u>
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To Whom Concern ^{ATTACHMENT} 5/1/04
#P93000010446 14022072

This letter was sent to
the wrong address see
envelope stamp 4/26/04.

I received them back on
5/1/04.

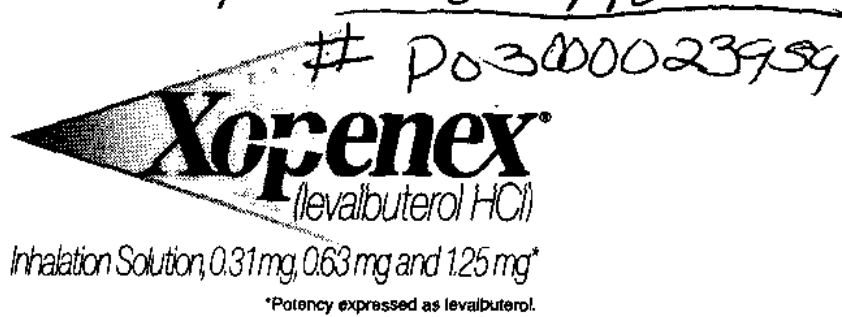
Please accept my check
and if I have to pay
more because of the
mistake, let me know

Thanks:
Back Bone Leases
Ida Lepera

4201 SW 87 AVE

Miami FL 33165

PHONE-786-282-7283
305-552-6794



Just right.

Enclosed is a check for the annual report. I did mail it before 5/1/04 but when I put it into the envelope the address shown to mail to was my own address. You can see on the envelope that it was postmarked 4/29/04. Please accept this with no penalty since it was a simple mistake and was done on time.

Please call w/any
problems!
813-363-8722

Thank you
Jung