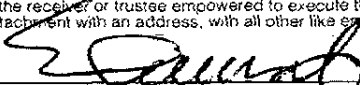


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000047162 1. Entity Name AMARETTO 13 CORPORATION					
Principal Place of Business 104 CRANDON BLVD SUITE 320 KEY BISCAYNE, FL 33149 US			Mailing Address 104 CRANDON BLVD SUITE 320 KEY BISCAYNE, FL 33149 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0431176	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CASTILLO, ALVARO B P.A. 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature: Type or printed name of registered agent and title if applicable					
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		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BREVE, FEDERICO T 104 CRANDON BLVD STE 320 KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BREVE, MARITZA P 104 CRANDON BLVD STE 320 KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BREVE, MONIQUE 104 CRANDON BLVD., SUITE 320 KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BREVE, FEDERICO M 104 CRANDON BLVD STE 320 KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREIRA, EDUARDO X 104 CRANDON BLVD STE 320 KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 5/18/04 Daytime Phone #: 305-361-2424					