



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90376 016 \*\*\*150.00

<b>DOCUMENT # P93000066934</b> 1. Entity Name <b>MODULAR INC.</b>					
Principal Place of Business <b>290 174TH STREET</b> <b>1217</b> <b>N. MIAMI BEACH, FL 33160 US</b>				Mailing Address <b>290 174TH STREET</b> <b>1217</b> <b>N. MIAMI BEACH, FL 33160 US</b>	
2. Principal Place of Business <b>20225 NE 34 TH COURT</b> Suite, Apt. #, etc. <b>2418</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>AVENTURA FLORIDA</b>		City & State		4. FEI Number <b>65-0431300</b>	
Zip <b>33180</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DE LARRICA, ANDRES L</b> <b>4300 NW 72 AVE</b> <b>MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent Name <b>DE LARRICA, ANDRES L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>20225 NE 34 TH COURT #2418</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33180</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DE LARRICA, ANDRES L</b> <b>210 174TH STREET, APT. 1201</b> <b>N. MIAMI BEACH, FL 33160</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DE LARRICA ANDRES L.</b> <b>20225 NE 34TH COURT #2418</b> <b>AVENTURA FLORIDA 33180</b>	
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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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:  <b>ANDRES L. DE LARRICA</b> <b>APRIL 29 04</b> <b>305 935 1611</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					