2004 FOR PROFIT CORPORATION

Feb 27, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P93000073599 1. Entity Name ESTRADA, INC. Principal Place of Business Mailing Address 160 NW 176TH ST 160 NW 176TH ST 307 307 MIAMI, FL 33169 MIAMI, FL 33169 01132004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0444606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESTRADA, JERRY DO NOT WRITE 1018 NE 163 ST STE 307 MIAMI, FL 33169 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. Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) DATE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 000000068835 Trust Fund Contribution. Added to Fees 02/27/04-80057-009 150.00 10. OFFICERS AND DIRECTORS HULE NAME ESTRADA, JERRY STREET ADDRESS 1018 NE 163 ST CHTY-ST-ZIP N MIAMI BEACH, FL 33162 RILE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CETY-ST-ZIP TITLE IN THIS SPACE NABAS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C(TY - ST - Z)P

12. I hereby certify that the information supplied with this filling 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 seport 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 trueled impowered 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 applyers, with all other like ampowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST- ZIP

ED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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