

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90013 026 ***150.00

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1. Entity Name
 H.I.N.S.I.B. TECHNICAL OFFICE, INC.

Principal Place of Business
 2121 PONCE DE LEON BLVD.
~~725~~
 CORAL GABLES, FL 33134 US

Mailing Address
 2121 PONCE DE LEON BLVD.
~~725~~
 CORAL GABLES, FL 33134 US

11011066



2. Principal Place of Business
 Suite, Apt. #, etc. 524
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc. 524
 City & State
 Zip Country

07062004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0448018 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BUSTAMANTE, ALBERT
 2121 PONCE DE LEON BLVD.
 SUITE 725
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name FABIO FAJARDO
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
SUITE 524
 City CORAL GABLES FL Zip Code 33134

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PADILLA, JAVIER	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 725	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	PADILLA, RAUL	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 725	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PADILLA, JOSE	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 725	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>FABIO FAJARDO</u>	
STREET ADDRESS	<u>2121 PONCE DE LEON BLVD, SUITE 524</u>	
CITY-ST-ZIP	<u>CORAL GABLES, FL 33134</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] FABIO FAJARDO DATE: 7/6/04 (305) 443 4349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR