2004 FOR PROFIT CORPORATION

SIGNATURE:

## FILED Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P94000017726 04-12-2004 90681 022 \*\*\*150.00 LA CARAMBOLA-BILLARES INC. Principal Place of Business Mailing Address 3012 N GOLDEROD RD WINTER PARK FL 32792 3012 N GOLDEROD RD WINTER PARK FL 32792 2. Principal Place of Business 3. Majling Address above Same Same Above Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3226880 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired - - --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHANOR GIRALdo RODRIGUEZ, LILIANA Street Address (P.O. Box Number is Not Acceptable) 1945 GAMBAGE DR ORLANDO FL 32822 5570 SANIBOL ST 32807 The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement to the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT TITLE □ Delete TITLE Change ☐ Addition Phanor Guraldo 55705ANIBOLST RODRIGUEZ, GUILLERNO NAME NAME 1945 GAMBOYE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ORLANDO, FL 32807 TITLE VΡ ☐ Delete TITLE ☐ Addition LICIANA RODZIEUCZ NAME GIRALDO, PHANOR NAME 1945 CAMBOGE DR STREET ADDRESS STREET ADDRESS 5570 SANIBEL ST ORIANDO, FL-32822 CITY-ST-ZIP ORLANDO FL 32807 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition Guillermo REDRIEVEZ NAME RODRIGUEZ, COUILLENNO NAME 1945 GAMBOSE DR STREET ADDRESS 1945 GAINLODGE DR STREET ADDRESS exlando, FL 32812 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 TITI E TITLE ☐ Change Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing poes 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 appliemental perort is true and occurate 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 reserver or true 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 a graddress, with all office like empowered.

OF SIGNING OFFICER OR DIRECTOR