2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 05, 2004 8:00 am DOCUMENT # P94000040582 **Secretary of State** 1. Entity Name 03-05-2004 90008 037 ***150.00 **FELL CORPORATION** Principal Place of Business Mailing Address 7700 N. KENDALL DR., STE 809 7700 N. KENDALL DR., STE 809 94019284 MIAMI, FL 33156 BAIL #1 MIAMI, FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0501092 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAZAR, GERMAN Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DR., STE 809 M!AMI, FL 33155 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE ☐ Delete TITLE Change ☐ Addition NAME BELLO-VICENTINI, GUILLERMO NAME 8470 SW 83RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP VPD Change ☐ Addition TITLE ☐ Delete Cloralt, Norma Calle Alejandro Jimenez Sur, 0-29 NAME CLORALT, NORMA CALLE ALEJANDVO JIMENEZ SUR STREET ADDRESS STREET ADDRESS Caqua, Venezuela CITY-ST-ZIP CAGUA, VENEZUELA, CITY-ST-ZIE ☐ Delete TITLE XX Change ☐ Addition TITLE GONZALEZ-MIJARES, OSCAR NAME NAME Gonzalez-Mijares, Oscar 49 AV. LOS PALOS GRANDES RES. DORABEL P.B. STREET ADDRESS STREET ADDRESS 4ta Los Palos Grandes Res. Dorabel P.B CARACAS, VENEZUELA, CITY-ST-ZIP CITY-ST-7IP Caracas, Venezuela Delete ☐ Addition TITI F TITLE MARQUEZ, SONIA NAME Marquez, Sonià Calle 5 Dr Julio NAME **CALLE 5 DR JULIO** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDIFICIO LAS CRMENRS, LV, CITY-ST-7IF Edificio Las Carmenes Cagua, Venezuela ☐ Delete TITLE Change ☐ Addition TITLE ASD NAME BELLO, ALEXANDRA NAME STREET ADDRESS **8470 SW 83RD COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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