2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91230 021 ***150.00

DOCUMENT # P94000057485

1. Entity Name
PROVINCIAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
15900 NW 49 AVE MIAMI, FL 33014 US	15900 NW 49 AVE MIAMI, FL 33014 US

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13736 NORTH KENDALL DR	13736 NORTH KENDALL DR
Suite, Apt #, etc	Suite, Apt #, etc
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country	Zip: 33186 Country

4. FEI Number: 65-0518288 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORENO, IGNACIO C/O DON PAN 1700 W. FLAGLER ST. MIAMI, FL 33174	Name: Alejandra C. Gorrin Street Address (P O Box Number is Not Acceptable): 10574 NW 51 ST. City: MIAMI FL Zip Code: 33178

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: 04/29/04

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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GORRIN, JUAN 10574 NW 51ST ST MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP GORRIN, ALVARO 400 S DIXIE HWY CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MORENO, IGNACIO 7622 SW 129TH PL MIAMI, FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST-VP GORRIN, ALEJANDRA C 10574 NW 51 ST MIAMI FL, 33178	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 04/29/04 786-556-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #