


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90039 034 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> P95000017320                         |  |
| <b>1. Entity Name</b><br>BILBAO INVESTMENT GROUP, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>6745 GADWALL LANE<br>ORLANDO FL 32810 | <b>Mailing Address</b><br>6745 GADWALL LANE<br>ORLANDO FL 32810 |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
|-------------------------|-------------------------|

|            |                |            |                |
|------------|----------------|------------|----------------|
| <b>Zip</b> | <b>Country</b> | <b>Zip</b> | <b>Country</b> |
|------------|----------------|------------|----------------|

|  |
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| <b>6. Name and Address of Current Registered Agent</b> |
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|   |
|---|
| ACOSTA, OTTO<br>6745 GADWALL LN<br>ORLANDO FL 32810 |
|---|

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>65-0563172 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
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| <b>7. Name and Address of New Registered Agent</b> |
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|   |
|---|
| <b>Name</b>   |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> |
| <b>City</b>   |
| <b>FL</b> <b>Zip Code</b>                                 |

**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.**

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|                                   |
|-----------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b> |
|-----------------------------------|

|   |                                 |
|---|---------------------------------|
| <b>TITLE</b><br>PSD<br><b>NAME</b><br>ACOSTA, OTTO<br><b>STREET ADDRESS</b><br>6745 GADWALL LN<br><b>CITY-ST-ZIP</b><br>ORLANDO FL 32810      | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>S<br><b>NAME</b><br>ACOSTA, JOEL<br><b>STREET ADDRESS</b><br>203 LUCERNE CR APT 418<br><b>CITY-ST-ZIP</b><br>ORLANDO FL 32801 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>VTD<br><b>NAME</b><br>ACOSTA, IDOLIA<br><b>STREET ADDRESS</b><br>6790 W 6TH CT<br><b>CITY-ST-ZIP</b><br>HIALEAH FL 33012      | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |

|  |
|--|
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |
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|   |  |
|---|--|
| <b>TITLE</b><br>PSD<br><b>NAME</b><br>ACOSTA JOEL<br><b>STREET ADDRESS</b><br>2503 E JACKSON ST 32807<br><b>CITY-ST-ZIP</b><br>ORLANDO FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>VTD<br><b>NAME</b><br>ACOSTA IDOLIA<br><b>STREET ADDRESS</b><br>6790 W 6TH CT<br><b>CITY-ST-ZIP</b><br>HIALEAH            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>S<br><b>NAME</b><br>ACOSTA<br><b>STREET ADDRESS</b><br>6754 CALLIE AVE<br><b>CITY-ST-ZIP</b><br>ORLANDO FL 32810          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> 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.**

|  |                        |                                      |
|--|------------------------|--------------------------------------|
| <b>SIGNATURE:</b><br><i>Idolia Acosta</i><br><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> | <b>Date</b><br>4/29/04 | <b>Daytime Phone #</b><br>4077397314 |
|--|------------------------|--------------------------------------|

66409254



MOORE CR2E034 (11/03)