2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000018284

1. Entity Name SATUERCA CORP.

Mailing Address

Principal Place of Business 12666 NW 15 STREET SUNRISE, FL 33323

12666 NW 15 STREET SUNRISE, FL 33323

FILED Mar 17, 2004 08:00 AM Secretary of State



03082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0617096 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALABAR, JOHN 12666 NW 15 STREET SUNRISE, FL 33323

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				IN THIS STACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registered As	ent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	.	\$5.00 May 8e Added to Fees	un0000090524 (13/17/04-80022-020 150.00	
10.	OFFICERS AND DIREC	CTORS				
THEE NAME STREET ADDRESS CITY-ST-ZEP	P ALCIBAR, JOHN 12666 NW 15 STREET SUNRISE, FL 33323			_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALCIBAR, JOSE 12666 NW 15 STREET SUNRISE, FL 33323					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CATY-SI-ZIP						
TITLE						

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SUMING OFFICER OR DIRECTO

3-14-04 954-677-0565