***2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE: _

Jan 31, 2005 8:00 am **Secretary of State** DOCUMENT # P95000018284 1. Entity Name 01-31-2005 90056 023 ***150.00 SATUERCA CORP. Principal Place of Business Mailing Address 12666 NW 15 STREET SUNRISE FL 33323 12666 NW 15 STREET SUNRISE FL 33323 40008928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0617096 Not Applicable Zip Country 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 ABAR/JOHN Street Address (P.O. Box Number is Not Acceptable) 12666 NW 15 STREET SUNRISE FL 33323 Zip Code City 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 it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete NAME ALCIBAR, JOHN NAME 12666 NW 15 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition ALCIBAR, JOSE NAME NAME 12666 NW 15 STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P THE ☐ Change Addition TITLÉ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP 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.

ING OFFICER OR DIRECTOR

FILED

Daylme Phone #