ANNUAL REPORT

FILED Apr 02, 2004 8:00 am Secretary of State 04-02-2004 90023 022 ***150.00

DOCUMENT # P95000045089

1. Entity Name
PEDRO BACKHOE SERVICES, INC.

					1	Territoria					
Principal Place of Business			Mailing Address					E#80E90	н		
1237 N.W. 32ND PL. MIAMI, FL 33125			1237 N.W. 32ND PL. MIAMI, FL 33125						5402536	7	
2. Principal P	lace of Bus	iness Oal OT	3. Mailing Address								
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				03062004	Chg-P	CR2E034 (10/03))	
Ciff Pate mi.		FlA.	City & State			4. FEI Numbe 65-058] <u> </u> -	Applied For Not Applicable		
Zip 33143		SuntrS.A.	Zip Country				5. Certificate	of Status Desired	S8.75 Ac		
	6. Nam	e and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
DEDET D	EDBO O				Name	FEO	RZ F	eono			
PEREZ, PEDRO O 1237 N.W. 32ND P MIAMI, FL 33125		المراجع الماريخ الماريخ الماريخ الماريخ. الماريخ الماريخ المار				Street Address (P.O. Box Number is Not Acceptable)					
						7325 S.W 80th Street					
					City	1	iAm.	<u> </u>	FL 79%	3/43	
8. The above	named ent	ity submits this statement for	r the purpose of changing its	register	ed office or	register	ed agent, or bo	h, in the State of F	lorida. I am familiar with	, and accept	
trie obligat	ions or regis	aged agent.	D:				BES:	35.4	-/-/	. 2.7	
SIGNATURE.	Signature, Next	deprinted name of registered agent a	od industrie if kooficable. (NO)	E: Registere	d Agent signat	ure required	when reinstating)	76148.	3/30/20	104	
		P					<u> </u>	 			
		FEE IS \$150.00 14 Fee will be \$550.0	9. Election Campa Trust Fund Con	•	ncing [.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.		07	- ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	3S IN 11	
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NAME STREET ADDRESS	(;	PEDRO O V. 32ND PL.		NAM	e et address	732	5. S.W.	30cth. 57.			
CITY-ST-ZIP	MIAMI, F				-ST-ZIP	Mi	mi . 121.	33143			
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NAME	. 7	MORAIMA S		NAM	-	PE ME	7.1/2000 A	mn.S.			
STREET ADDRESS CITY-ST-ZIP	1237 N.V MIAMI, F	V. 32ND PL. 1 33125			ET ADDRESS -St-Zip	130	7. Monn 5. S.W. 80 9m. Fl. 3	3/43			
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NAME -			Date	1	E	ĺ_				، المتالية المتا	
STREET AODRESS CITY-ST-ZIP					ET ADDRESS - St - ZTP					-	
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NAME				NAM							
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NAME				NAM	E						
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NAME			. Date	NAM					C. C. Saige		
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP			** FOO		-ST-ZIP	L		N Florido Arrivo	15.46.		
12 Thereby r	certify that th	ve information supplied with	this filing does not qualify to	r the ever	motion stat	en in Se	ction 119.07(3)/	n Florida Statutes.	a number certify that the	intormation	

Interest certify uset the priormation supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is 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 attackment with an address, withall other like empowered.

BES 10817

SIGNATURE

SMATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR