

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

3

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90004 003 \*\*\*150.00

66411264



03182004 No Chg-P CR2E034 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>65-0610840                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GARCIA, LUIS M  
8237 SW 40 ST.  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**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**

|                                                    |                                                                             |                                                     |
|----------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PRESIDENT<br>GARCIA, LUIS M<br>4110 SW 102 AVE<br>MIAMI, FL 33155           | LUIS M. GARCIA<br>6417 SW 16 ST.<br>MIAMI FL, 33144 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VICE-PRESIDENT<br>ALVAREZ, JUAN A.<br>6550 SW 12 St. # 5<br>MIAMI FL, 33144 | JUAN A. ALVAREZ                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |                                                     |

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #