

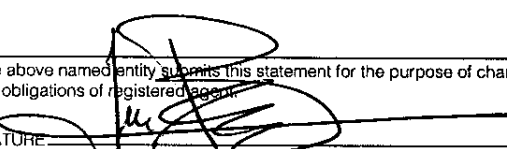
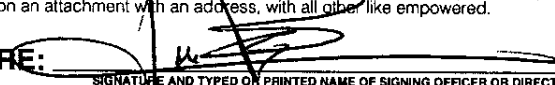


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90387 016 ***158.75

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P96000003667 1. Entity Name TERRABELLA COMMERCIAL, INC. | | | |  | |
| Principal Place of Business 17850 W. DIXIE HWY #2B NORTH MIAMI BEACH, FL 33160 US | | | Mailing Address 17850 W. DIXIE HWY #2B NORTH MIAMI BEACH, FL 33160 US | | |
| 2. Principal Place of Business 17820 W Dixie Hwy Suite, Apt. #, etc. | | 3. Mailing Address 17820 W. Dixie Hwy Suite, Apt. #, etc. | |  | |
| City & State North Miami Beach, FL | | City & State North Miami Beach, FL | | 4. FEI Number 65-0634476 | |
| Zip 33160 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLACHMAN, GUSTAVO 17850 W. DIXIE HWY #2B NORTH MIAMI BEACH, FL 33160 | | | | 7. Name and Address of New Registered Agent Name BLACHMAN, Gustavo Street Address (P.O. Box Number is Not Acceptable) 17820 W. Dixie Hwy City North Miami Beach FL Zip Code 33160 | |
| 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  DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BLACHMAN, GUSTAVO 21205 YACHT CLUB DR., #3103 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT Blachman, Gustavo 17820 W. Dixie Hwy North Miami Beach, FL 33160 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS BLACHMAN, MARINA 21205 YACHT CLUB DR., #3103 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, S Blachman, marina 17820 W. Dixie Hwy North Miami Beach, FL 33160 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| <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. | | | | | |
| SIGNATURE:  | | | 03/25/04 305 933 3022 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |