2004 FOR PROFIT CORPORATION ANNUAL REPORT

محود ساسي

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State 05-03-2004 91216 044 ***150.00 **DOCUMENT # P96000049589** 1. Entity Name SALES INTER-AMERICA, INC. **1000004** Principal Place of Business Mailing Address 10786 WILES RD 10786 WILES RD CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 Cha-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0679322 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ane DEQYEVED, DIANE Street Address (P.O. Box Number is Not Acceptable) 10786 WILES RD C/O FIREPLACE & BBQ CENTER NW 245trees CORAL SPRINGS, FL 33065 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition miquel De aveved o DE QUEVEDO, MIQUEL NAME 11021 NW 24 Street 10851 NW 33 ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 Cural Springs FL 33065 CITY-ST-ZIP CITY - ST- ZIP TITLE Change ☐ Addition TITLE Delete Diane Deaveredo DE QUEVEDO, DIANE NAME NAME 11021 NW 24street STREET ADDRESS 10851 NW 33 ST STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP Coralsprings FL 33065 TITLE Change ☐ Addition Delete DE QUE**M**EDO, DIANE NAME MAME C/O FIREPLACE BBQ CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33076 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not coalify 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 the 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 or 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.

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