

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90024 046 ***550.00

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07232004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0685690 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RAIMUNDO
330 SW187 AVE
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name JOSE L FUNDORA
Street Address (P.O. Box Number is Not Acceptable)
18995 NW 62nd Ave #202
City Miami FL Zip Code 33015

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, CARLOS	
STREET ADDRESS	4232 SW 2ND TERR	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FUNDORA, JOSE L	
STREET ADDRESS	18995 NW 62 AVENUE #202	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VSM	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, RAIMUNDO	
STREET ADDRESS	330 SW 187 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNISELY, THOMAS	
STREET ADDRESS	109 CALLE BELLA LOMA	
CITY-ST-ZIP	SAN CLEMENTE, CA 92672	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Lopez	
STREET ADDRESS	9100 SW 20 St	
CITY-ST-ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCEL van der STOK	
STREET ADDRESS	170 West Slatestone	
CITY-ST-ZIP	WOODLANDS, TX 77382	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #