

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 027 ***150.00

DOCUMENT # P96000097701	
1. Entity Name 2049, INC.	

Principal Place of Business 1909 CARALEE BLVD. SUITE 2 ORLANDO, FL 32822	Mailing Address 1909 CARALEE BLVD. SUITE 2 ORLANDO, FL 32822
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54039024



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-3466603	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MENDIZABAL, MIGUEL 1468 S. SEMORAN BLVD. ORLANDO, FL 32807	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUIZ, DANIEL KILO. 14, MONTE ALTO, LOS PINOS #2 JUNAUTOS, VENEZUELA, CARACAS. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUIZ, DANIEL KM 14, MONTE ALTO, LOS PINOS #2 JUNQUITO, CARALAS, VENEZUELA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUIZ, MARIA E 1909 CARALEE BLVD., #2 ORLANDO, FL 328224533 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Maria E. de Ruiz 4-15-04 407-3828094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #