2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059370

FILED Apr 21, 2004 Secretary of State

Current Principal Place of Business: 4725 N.W. 72 AVENUE MIAMI, FL 33166 US Current Mailing Address: PO BOX 66-8795 MIAMI, FL 33166 US FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZAMBRANA, MARIA CECILIA 2281 NW 82ND AVENUE MIAMI, FL 33122 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Title: PD () Delete Name:	Entity Nar	ne: COMIN, C	ORP			
MIAMI, FL 33166 US Current Mailing Address: PO BOX 66-8795 MIAMI, FL 33166 US FEI Number: 65-0769135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: ZAMBRANA, MARIA CECILIA 2281 NW 82ND AVENUE MIAMI, FL 33122 US 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. SIGNATURE: Electronic Signature of Registered Agent Date City-St-Zip: () Change () Addition Name: Address: 1916-20 NW. 82ND AVENUE Address: 1916-20 NW. 82ND AVENUE	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
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	Name: Address:	MERCADO, ÈDU 1916-20 N.W. 8	JARDO 2ND AVENUE	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ZAMBRANA PDT 04/21/2004