2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 02, 2004 08:00 AM Secretary of State DOCUMENT # P98000027197 1. Entity Name SARRIA ENTERPRISES INC. Principal Place of Business Mailing Address 4725 SW 8 ST 4725 SW 8 ST MIAMI, FL 33134 MIAMI, FL 33134 US CR2E034 (10/03) 07222004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0858716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SARRIA, FRANCISCO 4225 SW 8TH MIAMI, FL 33134 IN THIS SPACE B. 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 talls if applicable DATE (NOTE Registered Agent stanature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS BBLE SARRIA, FRANCISCO U00000169025 08/02/04-80007-006 150.00 MAME STREET ADDRESS 4725 SW 8 ST MIAMI, FL 33134 CITY-ST-ZIP BIE SARRIA, RICARDO NAME 4725 SW 8TH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 7175 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BILE NAME STREET ADDRESS CITY - ST - ZIP TITLE name STREET ADDRESS CITY - \$1 - ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

RICARDO

FILED