2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

DOCUMENT # P98000035893 1. Entity Name VIA RIO, INC.								Secret	ary of	f Stat	te ·····
Principal Place of Business A				Mailing Address						•	
8255 LAKE DR.				8255 LAKE DR.							
F-303 Miami, FL 33166				F-303 Miami, Fl. 33166							
MIPANII, IL 33100				·							
2. Principal Place of Business				3. Mailing Address			 				
Suite, Apt. #, etc.				Suite, Apt. #, etc. City & State			01132004	Chg-P	CR2E03	4 (10/03)	
City & State				Chy & State			4. FEI Number 65-0866			*****	plied For t Applicable
Zip	Country			Zip Coun		ŀlry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Ager					- 3	Name	ddress of New R	gistered Ag	ent		
SEGOVIA, OVIDIO 8255 LAKE DR.						Street Address (P.O. Bux Number is Not Acceptable)					
F-303 MIAMI, FL 33166											
WITHWIT, I'E GOTOG						City	Zip Cade				•
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.											
SIGNATI RE											
Signature, Speed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstang) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 8. Election Campaign Finance Trust Fund Contribution.							.00 May Be ed to Fees				
10.	OFFICERS AND				11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	PD SEGOVIA, OVIDIO			Delete .	ritui Nam					☐ Change	☐ Addition
STREET ADDRESS	· ·				•	ET ADURESS	U00000132258 04/27/04-80039-006 150.00				
CITY-ST-ZIP	MIAMI, FL 33166				C:TY	- ST - ZIP	U4/2//U4-8UU39-006 150.00				
TITLE	VSD			☐ Defete	TITI.	E				Change	☐ Addition
NAME STREET ADDRESS	SEGOVIA, NORA 10178 N.W. 41ST STREET				NA.W	et address					
City-ST-ZIF	MIAMI, FL 33178					-ST-ZIP					
TITLE			*************	☐ Delete	TITL	Ε				Change	☐ Addition
NAME					NAM	€				_ •	_
STREET ADDRESS						ET ADDRESS					
City-St-ZIP					····	-ST-Z!P					□ Addition
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CITY-ST-ZIP					CITY	-ST-Z:P					
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City-St-Zip						- 5T · ZIP					
TITLE		***************************************		☐ Delate	TITL	E	······································			Change	Addition
NAME					MAM	E					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	agetific that the	a lefarmation aumaliani	usth this s	ilina done not qualify far		-ST-ZP	otion 110 07/3\0\	Florida Statutos 1	further cortif	that the !-	dormation
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(2)(), 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.											