2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P98000036617

Entity Name: PASOS DEL RIO INCORPORATED

Current Principal Place of Business:

916 SW 67 AVE
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

916 SW 67 AVE
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0836299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL RIO, FRANKLIN DDS
916 SW 67 AVE
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DELRIO, FRANKLIN
Address: 9210 SW 11TH ST
City-St-Zip: MIAMI, FL 33174

Title: VP ( ) Delete
Name: DEL RIO, GUILLERMO
Address: 13386 SW 52ND ST.
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete
Name: DEL RIO, IVAN MD
Address: 3191 SW 132 PL
City-St-Zip: MIAMI, FL 33175

Title: SH ( ) Delete
Name: ESPINOSA, ROBERTO MD
Address: 4949 W. MORSE
City-St-Zip: SKOKIE, IL 60067

Title: T ( ) Delete
Name: DEL RIO, MARIO
Address: 3192 SW 132RD PL
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANKLIN DEL RIO PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date