


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90283 025 \*\*\*150.00

**DOCUMENT # P98000080531**

1. Entity Name  
**SUMINELCA INTERNATIONAL CORPORATION**



Principal Place of Business  
 14272 NW 88 PL.  
 STE 421C  
 HIALEAH, FL 33018 US

Mailing Address  
 14272 NW 88 PL.  
 STE 421C  
 HIALEAH, FL 33018 US

**94077176**



2. Principal Place of Business  
**5403 SW 186 Way**

3. Mailing Address  
**5403 SW 186 Way**

Suite, Apt. #, etc.

04092004 Chg-P CR2E034 (10/03)

City & State  
**MIRAMAR, FL.**

City & State  
**MIRAMAR, FL.**

Zip  
**33029**

Country  
**USA**

4. FEI Number  
**65-0862134**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRADO, MARIO R**  
**19272 NW 88 PLACE**  
**STE 421C**  
**HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name  
**Freddy B Patino**

Street Address (P.O. Box Number is Not Acceptable)  
**5403 SW 186 Way**

City  
**MIRAMAR**

FL Zip Code  
**33029**

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 *Freddy B Patino* **Freddy B Patino** DATE **4/10/04**

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**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	PATINO, ALEIDA S	19272 N.W. 88TH PLACE	HIALEAH, FL 33018	<input type="checkbox"/>
PT	VICUNA, ALEJANDRO	104 CRANDON BLVD STE 421C	KEY BISCAWAYNE, FL 33149	<input type="checkbox"/>
V	PATINO, FREDDY.	19272 NW 88 PLACE	HIALEAH, FL 33018	<input type="checkbox"/>
S	OLIVARES, RICARDO	104 CRANDON BLVD STE 421C	KEY BISCAWAYNE, FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	Patino, Aleida S	5403 SW 186 Way	MIRAMAR, FL. 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PT	VICUNA, Alejandro	5403 SW 186 Way	MIRAMAR, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Patino, Freddy B	5403 SW 186 Way	MIRAMAR, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Olivares, Ricardo	5403 SW 186 Way	MIRAMAR, FL. 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Freddy B Patino* **Freddy B Patino** DATE **4/10/04** **305-829-2602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #