2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P98000090605** 1. Entity Name BRUXA, INC. Mailing Address Principal Place of Business P.O. BOX 545867 9553 HARDING AVE., #308 MIAMI, FL 33154 US MIAMI, FL 33154 US 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0874823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUMBERGER, HANS DO NOT WRITE 9553 HARDING AVE., #308 MIAMI, FL 33154 IN THIS SPACE 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 obtigations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE 1157 1001 65524 708704-90772-022 150.00 BAUMBERGER, HANS NAME 9553 HARDING AVE., #308 STREET ADDRESS SURFSIDE, FL 33154 CITY-ST-ZIP TITLE ALTIRRIBA, ROSA NAME 9553 HARDING AVE., #308 STREET ADDRESS SURFSIDE, FL 33154 CITY -ST-ZIP TOTLE DO NOT WRITE STREET ADDRESS CITY-ST- ZIP IN THIS SPACE TITLE NAME

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:

STREET AUDRESS CHY-ST-ZIP TITLE

STREET ADDRESS CBY-ST-ZIP nne NAME STREET ADDRESS OBY-SY-7IP

FILED

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