

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094187

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: ADVENTURE COMPUTERS, INC.

## Current Principal Place of Business:

300 BISCAYNE BLVD. WAY  
SUITE 917  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 113054  
MIAMI, FL 331113054

## New Mailing Address:

300 BISCAYNE BLVD. WAY  
SUITE 917  
MIAMI, FL 33131

FEI Number: 65-0873967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINS, JOAO T  
300 BISCAYNE BLVD. WAY  
SUITE 917  
MIAMI, FL 33131 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: PST ( ) Delete  
Name: LINS, JOAO T  
Address: 10200 S.W. 20TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: DT ( ) Delete  
Name: SERRADE, SANTOS  
Address: 10200 SW 20TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete  
Name: HEARDEN, ROBERT C  
Address: PO BOX 113054  
City-St-Zip: MIAMI, FL 331113054

## 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:

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: JOAO LINS

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date