2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099392

FILED Feb 12, 2004 Secretary of State

Current Principal Place of Business: 8540 NW 66 STREET MIAMI, FL 33166 Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: S840 NW 66 STREET MIAMI, FL 33166 Current Mailing Address: S840 NW 66 STREET MIAMI, FL 33166 FEI Number 65-0878114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: MENENDEZ, CHARLES A 1571 BIRD RD CORAL GABLES, FL 33146 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: P () Delete Name: Address: 10502 SW 134TH PLACE City-S1-Zip: MIAMI, FL 33186 City-S1-Zip: Title: T () Delete Name: MENENDEZ, CHARLES A Address: 1571 BIRD RD Addr	Entity Nam	e: LINCOLA	ND, INC.			
MIAMI, FL 33166 Current Mailing Address: 8540 NW 66 STREET MIAMI, FL 33166 New Mailing Address: 8540 NW 66 STREET MIAMI, FL 33166 FEI Number: 65-0878114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: MENENDEZ, CHARLES A 1571 BIRD RD CORAL GABLES, FL 33146 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: P () Delete Name: ZANARDI, MONICA Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Coral GABLES, FL 33146 City-St-Zip: Title: T () Delete Title:	Current Principal Place of Business:			New Principal Place of Business:		
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	Name: Address:	MARCELO, ZA 10502 SW 134	NARDI TH PLACE	Name: Address:	() Change () Addition	

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: MONICA ZANARDI Ρ 02/12/2004