

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90050 020 \*\*\*150.00

**DOCUMENT # P98000099929**  
 1. Entity Name  
**444 VALENCIA AVENUE, INC.**



Principal Place of Business: **737 VALENCIA AVENUE CORAL GABLES FL 33134**  
 Mailing Address: **737 VALENCIA AVE., APT. D C/O FERNANDO MENOYO CORAL GABLES FL 33134**

2. Principal Place of Business: **744 Biltmore Way Suite 2**  
 3. Mailing Address: **744 Biltmore Way Suite 2**

City & State: **Coral Gables FL**  
 Zip: **33134** Country: **USA**

MOORE CR2E034 (11/03)

4. FEI Number: **65-0881629**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MENOYO, FERNANDO**  
**737 VALENCIA AVENUE**  
**APT. D**  
**CORAL GABLES FL 33134**

7. Name and Address of ~~Now~~ Registered Agent  
 Name: **Fernando Menoyo**  
 Street Address (P.O. Box Number is Not Acceptable): **744 Biltmore Way Suite 2**  
 City: **Coral Gables FL** Zip Code: **33134**

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: *[Signature]* DATE: **3/25/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: <b>PVD</b>	<input type="checkbox"/> Delete
NAME: <b>GALINDO, HERNAN</b>	
STREET ADDRESS: <b>737 VALENCIA AVENUE</b>	
CITY-ST-ZIP: <b>CORAL GABLES FL 33134</b>	
TITLE: <b>STD</b>	<input type="checkbox"/> Delete
NAME: <b>MENOYO, FERNANDO</b>	
STREET ADDRESS: <b>737 VALENCIA AVENUE</b>	
CITY-ST-ZIP: <b>CORAL GABLES FL 33134</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 empowerments.  
 SIGNATURE: *[Signature]* Date: **3/25/04** Daytime Phone #: **305-443-3441**