2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all of

SIGNATURE:

Secretary of State DOCUMENT # P98000100253 02-17-2004 90065 001 ***150.00 02-17-2004 90065 002 *****8.75 CORTEZ ENTERPRISES, INC. Principal Place of Business Mailing Address OULAURUO 20475 BISCAYNE BLVD 20475 BISCAYNE BLVD G-11 G-11 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address 30 M C 2047 Biscayne Blod Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chq-P CR2E034 (10/03) 6#11 50 M Applied For City & State City & State 4. FEI Number Aventura రం 65-0878680 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 50 M & Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORTEZ FERNANDO 136805W 14187 Street Address (P.O. Box Number is Not Acceptable) 13821 SW 109 STREET MIAMI, FL 33186 City Hia Mi 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_ (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CORTEZ, FERNANDO NAME NAME 43821 SW 109 STREET 1368050 14157 STREET ADDRESS STREET ADDRESS MIAMI, FL 99186 33/84 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CORTEZ, ANA NAME 136805~ 141St 13821 SW-109 STREET STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED Feb 17, 2004 8:00 am

2-5-04 305-989-3650-cell