## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

Second   S	1. Entity Nam	18	# P9800010 ARRIER, INC.	394	3				05-03-200	_		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4282004   Chg-P   CR2E034 (10 03)	8442 NW 72	ND STREET		8	8442 NW 72ND STREE				18 1818 I BIII 881K 881K 88			
City & State    City & State   City	2. Principal P	lace.of,Busin	ness		Mailing Address							
Zip Country Zip Country Signed Address of Now Registered Agent Name    Name and Address of Country Signed Address of Now Registered Agent	Suite, Apt. #, etc.				Suite, Apt. #, etc.			04282004	Chg-P	CR2E03	14 (10/03)	
6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Security  RODRIGUEZ, ZAIDA  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am lamillar with, and according to the colligations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  NAME  COLINA, JOSE  SITERIA MORES  SITERIA M	City & State				City & State			1	-		_ <del></del>	oplied For ot Applicable
RODRIGUEZ, ZAIDA 8442 NW 72ND STREET MIAMI, FL 33166  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 acceptable to dollgations of registered agent and title if applicable.  **PILE NOW!!!* FEE IS \$150.00 **After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **ITLE** **ITLE** **UP** **ITLE** **UNMA* **SIRET ADDRESS **CITY-ST-2P** **ITLE** **UNMA* **SIRET ADDRESS **CITY-ST-2P** **ITLE** **UNMA* **	Zip	Country Zip					ntry	5. Certificate	e of Status Desired			
Sirred Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE    Signature, hoed or primed name of registered agent and site if septicable.   (NOTE Registered Agent septiable necessive when namezaring)   DATE      FILE NOWILL FEE IS \$150.00   9. Election Campaign Financing Trust Fund Contribution.   Added to Fees		6. Name	and Address of Curre	nt Regi	stered Agent		Name	7. Name an	d Address of New F	Registered A	gent	
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 familier with, and acc the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and talls of explicable.   (NOTE: Registered Agent stynature reculted when rematating)   DATE	8442 NW 7	72ND STF					Street Address	(P.O. Box Numb	oer is Not Acceptable	e)		
SIGNATURE    Signature, typed or primed name of registered agent and date of applicable.   NOTE, Registered Agent signature required when reinstating)   DATE							City			FL	Zip Cod	e
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME COLINA, JOSE SHEET ADDRESS CITY-S1-ZP MIAMI, FL 33166  TITLE NAME RODRIGUEZ, ZAIDA STREET ADDRESS SITRET				for the	purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE	Signature, types	or printed name of registered age	ent and title	e if applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)		DATE		
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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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF PICKER OR DIRECTOR  Date  Date  Date  Date  Description:	indicated of the cor changed,	l on this reporporation or t , or on an att	rt or supplemental repor he receiver or trustee en achment with an actions:	t is true npowere s, with a	and accurate and that red to execute this report all other like empowered	my signa : as requ	iture shall have the ired by Chapter 60	same legal effe	ect as if made under es; and that my nam	oath; that I a ne appears in	m an officer Block 10 or	or director