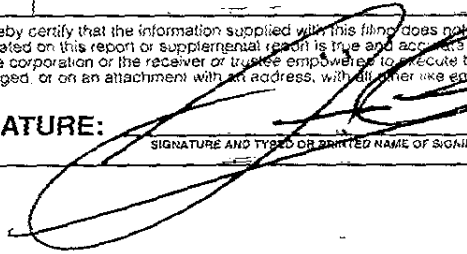


FILED
Mar 05, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000011516		
1. Entity Name BADOR CORPORATION		
Principal Place of Business 540 BRICKELL KEY DR UNIT 827 MIAMI, FL 33131		Mailing Address 540 BRICKELL KEY DR UNIT 827 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
		 02192004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0913517
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ARCE, JOSE E 540 BRICKELL KEY DR. UNIT 827 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 JOSE E. ARCE Signature, typed or printed name of registered agent and title, if applicable.		DATE MARZO 3/2004 NOTE: Registered Agent signature required when reinstating.
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000077108 03/05/04-80029-001 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCE, JOSE E 540 BRICKELL KEY DR UNIT 827 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 empowers.		
SIGNATURE: 		JOSE E. ARCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
		MARZO 3/2004 Date
		(305) 358-4998 Telephone Number