2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 8:00 am **Secretary of State** DOCUMENT # P99000019812 1. Entity Name 02-27-2004 90036 040 ***150.00 PESILUCA CORPORATION Principal Place of Business Mailing Address P.O. BOX 452104 MIAMI FL 33245 1961 S.W. 14 TR. MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address 1422 SW 21 Street Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0904801 Not Applicable MIGMI Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required , USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAVARRO, FACUNDA S 724 SW 25 ROAD Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Navarro Facunda S. Change ☐ Addition TITLE TITLE Delete 1422 SW 21 Street NAME NAVARRO, FACUNDA S NAME STREET ADDRESS 1961 S.W. 14 TR. STREET ADDRESS miami, FL 33145 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 Navarro, Pedro A. 1422 sw 21 street miami, FL 33145 Change ☐ Addition Delete TITLE TITLE NAVARRO, PEDRO A NAME NAME 1961 S.W. 14 TR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAM! FL 33145 Campa, Juliana-E. -- - Addition 1422 S.W. 21 Street م السابية (بالمستمرية) Delete TITLE NAME NAME CAMPA, JULIANA E STREET ADDRESS STREET ADDRESS 1961_S.W...14 TR... miami.R. 33145 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33145 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change THE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered.

FILED

SIGNATURE: Facurda S. Navarro 24 04