2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P99000031994 A.N.O. SALVAT CORPORATION Principal Place of Business Mailing Address 7911 NW SOUTH RIVER DR. SUITE 222-A 7911 NW SOUTH RIVER DR. SUITE 222-A MIAMI, FL 33166 MIAMI, FL 33166 04142004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0910372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PINEIRO, NURY DO NOT WRITE 121 WEST 17 STREET HIALEAH, FL 33010 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. <u> 1100000120204</u> 10. OFFICERS AND DIRECTORS U4/19/04-80124-016 150.00 TITLE PINEIRO, NURY NAME STREET ADDRESS 121 WEST 17 STREET CITY-ST-ZIP HIALEAH, FL 33010 TTT: F STREET ADDRESS CITY-ST-DP me STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE 3131.E NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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 gither like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14 2004 Description

FILED