
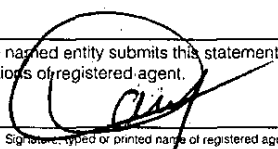
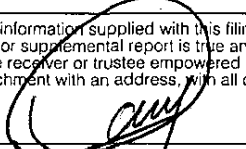


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91029 017 ***150.00

DOCUMENT # P99000046803 1. Entity Name PORT ANDINO INC.					
Principal Place of Business 9423 FONTAINBLEAU BLVD. # 213 MIAMI, FL 33172			Mailing Address 8322 N.W. 56 STREET MIAMI, FL 33135		
2. Principal Place of Business 1895 W. Flagler St. Suite, Apt. #, etc. 259		3. Mailing Address 9423 Fontainebleau BLVD Suite, Apt. #, etc. 213			
City & State Miami, FL Zip 33135		City & State Miami, FL Zip 33172		4. FEI Number 65-0966753	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, DAISY L 9419 FOUNTAINBLEAU BLVD MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Daisy L. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 9423 Fontainebleau Blvd #213 City Miami FL Zip Code 33172	
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:  Daisy Gonzalez General Manager 04/22/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUIG, MARICRUZ L AV. LIBERTADOR, RESIDENCIA, EL PARQUE TORRE A, VENEZUELA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, DAISY L 8322 N.W. 56 ST MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABRERA, VICTOR M 1885 W. FLAGLER STREET MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
SIGNATURE:  Daisy Gonzalez General Manager 04/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					