2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

MITTORE ILLI OILI				-i	Se	cretary	of State
1. Entity Nan	MENT # P990006008					ci cuai y	or State
Principal Place 15030 COCC HIALEAH, FL	ONUT AVE. (idiling Address C/O IVAN A. GOMEZ ESQ SO1 BRICKELL KEY DRIVE SUI MAMI, FL 33131	IVAN A. GOMEZ ESQ BRICKELL KEY DRIVE SUITE 507				
	OO NOT WRITE II	CE	02172004 4. FEI Numb 65-09:	No Chg-P	CR2E034 (1		
	6. Name and Address of Current Regis	Rered Agent	<u> </u>	0:0		- 70011	
IAG CORPORATE SERVICE, INC. 601 BRICKELL KEY DRIVE, STE. 507 MIAMI, FL 33131					NOT W		
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. (am familiar with, and accept							
the obligat	tions of registered agent.					,	
SIGNATURE.		<u> </u>		Ç. V ≪			
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registeré	ed Agent signature requ	ired when reinstating)	; ·	DATE	
FILE NOWIII FEE IS \$150.00 9. Election Ca After May 1, 2004 Fee will be \$550.00 Trust Fund				5.00 May Be dided to Fees	U0000 04/29/04	0139432 -80122-01	0 150.ďO
10.	OFFICERS AND DIREC	CTORS	J		·		
NAME STREET ADDRESS CITY-ST-ZIP	PD MARIBONA, BERNARDO 15030 COCONUT AVE. HIALEAH, FL 33014						
NAME SIREET ADDRESS CITY-SI-ZIP	VDST HERNANDEZ, JUAN CARLOS 10287 N.W. 135 STREET HIALEAH GARDENS, FL 33018						
THILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
THILE NAME STREET ADDRESS CITY-ST-ZIP		en para la mana		IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS	1 20001	<u> </u>					

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, bith all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENDARDI MAMBULA.

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(305) 371-9213