

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90013 043 ***158.75

DOCUMENT # P99000065464					
1. Entity Name F.A. 1507 CORP					
Principal Place of Business 825 BRICKELL BAY DR STE 1846 MIAMI, FL 33131			Mailing Address 825 BRICKELL BAY DR STE 1846 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0994552	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRILLEMBURG, PAULA M 99 BRICKELL BAY DR 1607 MIAMI, FL 33131				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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.					
SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTVD NAME MARQUEZ, SIXTO J STREET ADDRESS CALLE 84 3F-110 LOCAL G CITY-ST-ZIP MARACIABO VENEZUELA,	<input checked="" type="checkbox"/> Delete		TITLE PS NAME MARQUEZ, SORAYA STREET ADDRESS CALLE 84 3F-110 LOCAL G CITY-ST-ZIP MARACIABO-VENEZUELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MARQUEZ, SORAYA STREET ADDRESS CALLE 84 #3F-110 LOCAL G CITY-ST-ZIP MARACAIBO-VENEZUELA,	<input checked="" type="checkbox"/> Delete		TITLE T NAME MARQUEZ, FARAH STREET ADDRESS CALLE 84 #3F-110 LOCAL G CITY-ST-ZIP MARACAIBO-VENEZUELA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Soraya Marquez</i> President 02/04/04 305-358-9591					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					