

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 022 ***150.00

DOCUMENT # P99000074653 1. Entity Name PROFESIONALES DESTACA 2.COM, INC.			
Principal Place of Business 3684 NE 167TH STREET NORTH MIAMI BEACH, FL 33160		Mailing Address 3684 NE 167TH STREET NORTH MIAMI BEACH, FL 33160	
2. Principal Place of Business 2601 S. Bayshore Dr		3. Mailing Address 2601 S. Bayshore Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33133		Zip 33133	
Country USA		Country USA	
4. FEI Number 65-0945606		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, FEDERICO 3684 NE 167TH STREET NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent Name Federico Ramos Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive City Miami FL Zip Code 33133	
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		DATE 3-11-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMOS, FEDERICO 3684 NE 167TH STREET NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Ramos, Federico 3684 NE 167th Street North Miami Beach, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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:		DATE 3-11-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	