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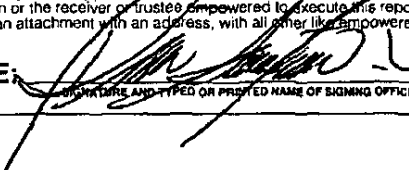
P99000076970

FILED

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

04 APR -5 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3406676

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                  |                                                                |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000076970</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  |                                                                |                |  |
| 1. Entity Name<br><b>QUESOS NICAS EL BOXEADOR, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                                  |                                                                |                                                                                                 |  |
| Principal Place of Business<br><b>5467 NW 72ND AVE<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                  | Mailing Address<br><b>5467 NW 72ND AVE<br/>MIAMI, FL 33166</b> |                                                                                                 |  |
| 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<br><b>65-0946086</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                                  |                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                  |                                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                  | 7. Name and Address of New Registered Agent                    |                                                                                                 |  |
| <b>SANTANA DE VADO, DINA AURORA<br/>5467 NW 72ND AVE<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                  | 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) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                                  |                                                                |                                                                                                 |  |
| Amended AR is \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                           | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SANTANA DE VADO, DINA AURORA |                                                                                  | NAME                                                           |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5467 NW 72ND AVE             |                                                                                  | STREET ADDRESS                                                 |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33166              |                                                                                  | CITY-ST-ZIP                                                    |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STD                          | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VADO, JORGE L                |                                                                                  | NAME                                                           |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5467 NW 72ND AVE             |                                                                                  | STREET ADDRESS                                                 |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33166              |                                                                                  | CITY-ST-ZIP                                                    |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NT                           | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SANTANA, OSCAR               |                                                                                  | NAME                                                           | <b>M T Santana, OSCAR</b>                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5467 NW 72ND AVE             |                                                                                  | STREET ADDRESS                                                 | <b>5467 NW 72ND AVE</b>                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33166              |                                                                                  | CITY-ST-ZIP                                                    | <b>MIAMI FL 33166</b>                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                  | NAME                                                           |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  | STREET ADDRESS                                                 |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                  | CITY-ST-ZIP                                                    |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                  | NAME                                                           |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  | STREET ADDRESS                                                 |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                  | CITY-ST-ZIP                                                    |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Delete                                                  | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                  | NAME                                                           |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                  | STREET ADDRESS                                                 |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                  | CITY-ST-ZIP                                                    |                                                                                                 |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                                                  | 03/22/04 (305) 888 8232                                        |                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                                  | Date Daytime Phone #                                           |                                                                                                 |  |