## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000081128

Address: City-St-Zip:

MIAMI, FL 33131

FILED Apr 29, 2004 Secretary of State

**Entity Name: FLORIDA HUNTERS CORPORATION Current Principal Place of Business: New Principal Place of Business:** 801 BRICKELL BAY DRIVE, BOX 16 801 BRICKELL BAY DRIVE MIAMI, FL 33131 BOX 16 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 801 BRICKELL BAY DRIVE, BOX 16 801 BRICKELL BAY DRIVE MIAMI, FL 33131 **BOX 16** MIAMI, FL 33131 FEI Number: 65-0989895 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, MIGUEL A ESQ AMERICAN INFORMATION SERVICES, INC. 848 BRICKELL AVENUE SUITE 830 ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 US 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. SIGNATURE: BY ANGELICA M. CHIRU, ASSISTANT SEC. 04/29/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PIRES, JADIEL Name: Name: 801 BRICKELL BAY DRIVE, BOX 16 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: SOARES, ARTHUR Name: 801 BRICKELL BAY DRIVE, BOX 16 Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: Title: DS ( ) Delete () Change () Addition CURE, CARLOS Name: Name: 801 BRICKELL BAY DRIVE, BOX 16 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ARTHUR SOARES P 04/29/2004