

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000095017</b>		
1. Entity Name <b>IMOBILIARE, INC.</b>		
Principal Place of Business <b>10181 NW 58 ST., UNIT 16 MIAMI, FL 33178</b>		Mailing Address <b>10181 NW 58 ST., UNIT 16 MIAMI, FL 33178</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 07022004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>65-0966111</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
5. Name and Address of Current Registered Agent <b>VALDERRAMA, CARLOS A 10181 NW 58 ST., UNIT 16 MIAMI, FL 33178</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <b>7/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
NAME STREET ADDRESS CITY-STATE-ZIP	PSD VALDERRAMA, CARLOS A 10181 NW 58 ST., UNIT 16 MIAMI, FL 33178	
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>7/1/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #