FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90001 019 ***158.75

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02262004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000104844

1. Entity Name
DEFI, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD STE 721 MIAMI, FL 33134	2121 PONCE DE LEON BLVD STE 721 MIAMI, FL 33134

2. Principal Place of Business	3. Mailing Address
306 ALCAZAR AVENUE	306 ALCAZAR AVENUE
Suite, Apt. #, etc.: SUITE 302	Suite, Apt. #, etc.: SUITE 302
City & State: CORAL GABLES FL	City & State: CORAL GABLES FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0966883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERT, VEGA P
2121 PONCE DE LEON BLVD STE 721
1600 MIAMI CENTER
MIAMI, FL 33134

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 ______________________________
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. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GETREIDE, PATRICK		NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD STE 721		STREET ADDRESS	306 ALCAZAR AVENUE SUITE 302
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ALBERT, VEGA P		NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD #721		STREET ADDRESS	306 ALCAZAR AVENUE SUITE 302
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: ______________________ 3/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #