


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # S66400 1. Entity Name FLORENCE INVESTMENT INC.	
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Principal Place of Business 280 BAL CROSS DR. BAL HARBOUR, FL 33154	Mailing Address C/O ALBERNI & ALBERNI P.A. 4649 PONCE DE LEON BLVD #404 CORAL GABLES, FL 33146
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0339082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AGUILERA, GUIDO A
 815 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____

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

U00000084575
 03/11/04-80012-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DE PUEYO, FLORENCIA E R CALLE SAN FRANCISCO CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEJANDRO, PUEYO RUIZ CALLE SAN FRANCISCO CARACAS, VE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSA MARIA, PUEYO RUIZ CALLE SAN FRANCISCO CARACAS, VE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: FLORENCIA RUIZ de PUEYO J. RUIZ MARCH 08 - 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #