

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 19 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 65-0278207 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

CT CORPORATION SYSTEMS
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

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

| | |
|----------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST DE OTADUY, JAVIER RESIDENCE LE MIRABEAU AVDA. 98000 MONTECARLO MONACO, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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200033471252
04/21/04--01071--001 **3000.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

305-381-8340

Daytime Phone #

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