2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # V26586 1. Entity Name PEDRO LLANIO, INC. Principal Place of Business Mailing Address 1061 N.W. 128TH AVENUE 1061 N.W. 128TH AVENUE MIAMI, FL 33182 MIAMI, FL 33182 04082004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0319622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CONTADURIA, VIDAL DO NOT WRITE 1330 CORAL WAY STE 305 IN THIS SPACE MIAMI, FL 33145 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D THE LLANIO, PEDRO MAME U00000125121 04/22/04-80073-003 155.00 STREET ADDRESS 1061 NW 128TH AVENUE C11Y-ST-Z1P MIAMI, FL BILL MAINS STREET ADDRESS CITY ST ZIP FIFLE NAME STREET ADDRESS DO NOT WRITE CHTY - ST - ZIP THLE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 trifstee 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 appowered.

SIGNATURE: A

NAME STREET ADDRESS CHY-\$1-219

MAME STREET ADDRESS CHTY-SI-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED