## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 26, 2004 8:00 am Secretary of State

2/20/04 Date

Daytime Phone #

| Country   State   State   Country   State   State   Country   St  | 1. Entity Nam<br>FLORIDA  | ne  | # V65293<br>ANK LIMITED C  | ORPORATIO                        | DN   |  |  |  | 02-26-2004 90           | 0017 022    | 2 ***150.                           | 00                                  |  |
|---|---|---|--|----------------------------------|--|--|--|--|-------------------------|-------------|-------------------------------------|-------------------------------------|--|
| Section   File   Section  |   |   | <b>3</b>   | _                                |  |  |  |  |                         | <b>-</b>    |                                     |                                     |  |
| REY BISCANNE, FL. 33149 US MIAMI, FL Suite, Apt. 8, etc.  2. Principal Place of Blushness 2. A Mailing Address 1901 SW 12th AVE.  Suite, Apt. 8, etc.  3. Mailing Address 1901 SW 12th AVE.  O2202004 Chg-P CR2634 (10'03)  APPLICATION SUITE AND SUIT  |   | ON BLVD   |  | AL WAY                           |  |  |  |  |                         |             |                                     |                                     |  |
| Sulte, Apt. 4, etc.  Cry & State  Cry & State  Cry & State  Country  33129  Country  6, Certificate of Slatus Desired  6, Name and Address of Current Registered Agent  6, Name and Address of Current Registered Agent  10   |   | IE, FL 3314   | 9 US   |                                  | 33145  |  |  |  |                         |             |                                     |                                     |  |
| City & State  Country  |   |   |  | 1901                             | 1901 SW 12th AVE.                            |  |  |  |                         |             |                                     |                                     |  |
| April   |   |   |  |                                  |  |  |  |  |                         | CR2E0       |                                     |                                     |  |
| Signature.  Signat  |   |   |  | MÍAM                             | MÍAMI, FL                                    |  |  | 1  |                         | ·           | No                                  | ot Applicable                       |  |
| Name   Street Address (P.O. Box Number is Not Acceptable)   | Zip   |   | ·  | 33129                            |  | Coun   | lry  | !  |                         |             | Fee Require                         |                                     |  |
| Street Address (P.O. Box Number is Not Acceptable)  | <del></del>   | 6. Name   | and Address of Curre   | nt Registered Ag                 | ent  |  | Name   | 7. Name and  | Address of New R        | egistered / | \gent                               |                                     |  |
| STE 512 MIAMI, FL 33145  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Signature, typed or privated name of registered agent agent and steel expectable.  Signature, typed or privated name of registered agent and steel expectable.  PLE NOWITH FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE LATJOS DALMAU, MONTSERRAT STREET ADDRESS CITY-ST-ZIP  TITLE ST DALMAU, ANTONIO STREET ADDRESS CITY-ST-ZIP  TITLE ST ST STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRES  | LLATJOS DALMAU, MONTSERRAT  |   |  |                                  |  |  |  |  |                         |             |                                     |                                     |  |
| MIAMI, FL 33145  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent.  SIGNATURE  Signature, hyered or private name of registered agent and life if explicable.  (NOTE: Registered Agent signature required when initiating)  PILE NOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 2, 2 |   |   |  |                                  | ļ  |  |  | Street Address (P.O. Box Number is Not Acceptable) |                         |             |                                     |                                     |  |
| 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 the obligations of registered agent.  SIGNATURE    Copyrature, typed or printed forms of registered agent and title if explicable.   (NOTE: Registered Agent signature required when reinstating)   DATE  |   | 33145   |  |                                  |  |  |  |  |                         |             |                                     |                                     |  |
| SIGNATURE    Signature   Signa  |   | .,  |  |                                  |  |  | City   | <del></del>  |                         | FL          | Zip Cod                             | le                                  |  |
| Signature. Signature. Spend or period name of registered agent and itself explicable.    Note: Registered Agent signature required when narrotating)   DATE   |   |   |  | t for the purpose of             | f changing it                                | s registere  | ed office or reg   | gistered agent, or bo                              | th, in the State of Flo | vida. Iam i | amiliar with,                       | and accept                          |  |
| FILE NOWILI FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PLATJOS DALMAU, MONTSERRAT STREET ADDIRESS CITY-ST-2P  ITILE ST DALMAU, ANTONIO STREET ADDIRESS CITY-ST-2P  ITILE DALMAU, ANTONIO STREET ADDIRESS CITY-ST-2P  ITILE NAME STREET ADDIRESS CITY-ST-2P  ITILE ST DEIde STREET ADDIRESS CITY-ST-2P  ITILE NAME STREET ADDRESS CITY  | \$IGNATURE_   |   |  | ont and title if applicable      | (NO  | TE: Registere  | d Agent signature rec  | quired when reinstating)                           |                         | DATE        |                                     |                                     |  |
| After May 1, 2004 Fee will be \$55,00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE   LATJOS DALMAU, MONTSERRAT   111 CRANDON BLVD APT B601   KEY BISCAYNE, FL 33149   CITY-ST-2P    TITLE   ST   Delete   TITLE   DALMAU, ANTONIO   STREET ADDRESS   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   KEY BISCAYNE, FL 33149   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   KEY BISCAYNE, FL 33149   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   KEY BISCAYNE, FL 33149   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   Change   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   Change   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   CHANDON BLVD APT B601   CITY-ST-2P    TITLE   CRANDON BLVD APT B601   CITY-ST-2P   CHANDON BLVD APT B601   CHANDON BLVD APT B601   CITY-ST-2P   CITY-ST-2   |   |   | TVE-   |                                  |  |  |  |  | <del></del>             |             |                                     |                                     |  |
| TITLE NAME LLATJOS DALMAU, MONTSERRAT STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE ST DALMAU, ANTONIO STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-S  |   |   |  |                                  |  |  |  |  | 1                       |             |                                     |                                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI  | A#4 BB -  | E NOW!!!<br>ay 1, 2004  | FEE IS \$150.00<br>4 Fee will be \$550   |                                  |  |  |  |  |                         |             |                                     |                                     |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE ST DALMAU, ANTONIO TITLE NAME DALMAU, ANTONIO TITLE NAME CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TI  | After Ma  | ay 1, 2004  | 4 Fee will be \$550  | 0.00 Tr                          |  | tribution.   |  | Added to Fees                                      | CHANGES TO OFF          | ICERS AND   | DIRECTOR                            | S (N 11                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  | After Ma  | a <b>y 1, 200</b> 4   | OFFICERS AN  | 0.00 Tr                          | ust Fund Con                                 | 11.  |  | Added to Fees                                      | /CHANGES TO OFF         | ICERS AND   |                                     | S IN 11                             |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | After Ma<br>10.<br>TITLE  | P<br>LLATJOS  | OFFICERS AND DALMAU, MONTSE  | 0.00 Tr<br>ND DIRECTORS          | ust Fund Con                                 | 11.  |  | Added to Fees                                      | /CHANGES TO OFF         | ICERS AND   |                                     |                                     |  |
| STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP  | After Ma<br>10.<br>TITLE NAME<br>STREET ADDRESS   | P<br>LLATJOS<br>111 CRAN  | OFFICERS AN<br>OFFICERS AN<br>DALMAU, MONTSEI<br>NDON BLVD APT B6  | 0.00 Tr<br>ND DIRECTORS          | ust Fund Con                                 | 11. TITLE  | E ET ADDRESS   | Added to Fees                                      | /CHANGES TO OFF         | CERS AND    |                                     |                                     |  |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | After Ma  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | P<br>LLATJOS<br>111 CRAN<br>KEY BISC  | OFFICERS AN<br>OFFICERS AN<br>DALMAU, MONTSEI<br>NOON BLVD APT B6<br>AYNE, FL 33149                                  | O.GO TO<br>NO DIRECTORS<br>ERRAT | ust Fund Con                                 | 11. TITLE NAMI STRE CITY   | E<br>E<br>ET ADDRESS<br>-ST-ZIP  | Added to Fees                                      | /CHANGES TO OFF         | ICERS AND   | ☐ Change                            |                                     |  |
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| STREET ADDRESS  CITY-ST-ZIP (CITY-ST-ZIP)   | After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>LLATJOS<br>111 CRAN<br>KEY BISO<br>ST<br>DALMAU,<br>111 CRAN<br>KEY BISO | OFFICERS AN  OFFICERS AN  DALMAU, MONTSEI NDON BLVD APT B6 CAYNE, FL 33149  ANTONIO NDON BLVD APT B6 CAYNE, FL 33149 | O.GO Tr                          | □ Delete □ Delete □ Delete                   | 11. TITLE NAMI STRE CITY TITLE NAMI STRE STRE  | E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP | Added to Fees                                      | CHANGES TO OFF          | CERS AND    | ☐ Change ☐ Change ☐ Change          | Addition Addition Addition          |  |
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| 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes.  | After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME  | P<br>LLATJOS<br>111 CRAN<br>KEY BISO<br>ST<br>DALMAU,<br>111 CRAN<br>KEY BISO | OFFICERS AN  DALMAU, MONTSEI NDON BLVD APT B6 AYNE, FL 33149  ANTONIO NDON BLVD APT B6 AYNE, FL 33149                | O.GO Tr                          | □ Delete □ Delete □ Delete □ Delete □ Delete | 11. TITLE NAMI STRE CITY TITLE NAMI                                  | ET ADDRESS ST-ZIP  | Added to Fees                                      | CHANGES TO OFF          | ICERS AND   | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |  |
| 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 informal indicated on this report of 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 directly of the corporation or the freezher or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block of the corporation or the freezher or trustee empowered.  SIGNATURE:  1. **ANTSERRAT** DALMAU** 2/20/04**   | After Ma  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | P LLATJOS 111 CRAN KEY BISC ST DALMAU, 111 CRAN KEY BISC                      | OFFICERS AN  OFFICERS AN  DALMAU, MONTSEI NDON BLVD APT B6 CAYNE, FL 33149  ANTONIO NDON BLVD APT B6 CAYNE, FL 33149 | O.GO Tr                          | □ Delete □ Delete □ Delete □ Delete □ Delete | 11. ITTLE NAMI STRE CITY TITLE NAMI STRE        | ET ADDRESS ST-ZIP ET ADDRESS                     | Added to Fees                                      | CHANGES TO OFF          | CERS AND    | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |  |