


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 291815**

1. Entity Name  
**HUFSEY- NICOLAIDES-GARCIA-SUAREZ ASSOCIATES, INC.**



Principal Place of Business 10250 S.W. 56TH STREET SUITE B-201 MIAMI, FL 33165-7064	Mailing Address 10250 S.W. 56TH STREET SUITE B-201 MIAMI, FL 33165-7064
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**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1100691	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARLOS  
 11965 S.W. 100TH TERRACE  
 MIAMI, FL 33186

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GARCIA, CARLOS 11965 SW 100TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SUAREZ, ENRIQUE J 1003 SANTIAGO ST CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ORRIOLS, ALBERTO 14501 S.W. 94TH CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CARLOS GARCIA** 4/6/05 305 2749495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #