


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F79703

1. Entity Name
MOURIZ, SALAZAR & ASSOCIATES, INC.



Principal Place of Business 7695 SW 104TH STREET STE 100 MIAMI, FL 33156 US	Mailing Address C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2203628	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES INC
601 BRICKELL KEY DR.
SUITE 507
MIAMI, FL 33136**

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: *George Mouriz, President* DATE: *4/29/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VD SALAZAR, GABRIEL 7695 SW 104TH ST., STE 100 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MOURIZ, GEORGE 7695 SW 104TH STREET, STE 100 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAUMELL, JOSE 7695 S W 104TH STREET, STE 100 MIAMI, FL 33156
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05/03/04-80019-012 158.76

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 empowers.

SIGNATURE: *George Mouriz, President* DATE: *4/29/04*

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

GEORGE MOURIZ, President