

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76230

FILED
Feb 11, 2004
Secretary of State

Entity Name: JUAN SAETSTONE, P.A.

Current Principal Place of Business:

257 LIVERPOOL COVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

257 LIVERPOOL COVE
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2815328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAETSTONE, VIVIANA
257 LIVERPOOL COVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SAETSTONE, JUAN
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: SAETSTONE, JUAN,
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL

Title: VAS () Delete
Name: SAETSTONE, VIVIANA
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: SAETSTONE, VIVIANA,
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SAETSTONE, JUAN
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: SAETSTONE, JUAN,
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL 32779

Title: VAS (X) Change () Addition
Name: SAETSTONE, VIVIANA
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: SAETSTONE, VIVIANA,
Address: 257 LIVERPOOL COVE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN SAETSTONE

PST

02/11/2004

Electronic Signature of Signing Officer or Director

_____ Date