

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K80263

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: J.M. BERENQUER AND ASSOCIATES, INC.

## Current Principal Place of Business:

2929 SW 3RD AVE., SUITE 220  
MIAMI, FL 33129 US

## New Principal Place of Business:

2929 SW 3RD AVENUE  
SUITE 220  
MIAMI, FL 33129 US

## Current Mailing Address:

2929 SW 3RD AVE., SUITE 220  
SUITE 270  
MIAMI, FL 33129 US

## New Mailing Address:

2929 SW 3RD AVE., SUITE 220  
SUITE 220  
MIAMI, FL 33129 US

FEI Number: 65-0113936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERENQUER, JOSE M., III  
2929 SW 3RD AVE., SUITE 220  
MIAMI, FL 33129 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 (X).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BERENQUER, JOSE M.,  
Address: 2929 SW 3RD AVE SUITE 220  
City-St-Zip: MIAMI, FL 33129

Title: DPS ( ) Delete  
Name: BERENQUER, JOSE M., III  
Address: 785 CURTIS WOOD DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DTVP ( ) Delete  
Name: BERENQUER, ANA M  
Address: 785 CURTISWOOD DR  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANA M. BERENQUER

DTVP

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date