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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90030 016 ***158.75

DOCUMENT # M11405

1. Entity Name
ABA PROFESSIONAL ASSOCIATION INC.

94035235

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. #310248 MIAMI, FL 33131	P.O. Box 1101 BRICKELL AVE. #310248 MIAMI, FL 33131

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
825 Brickell Bay Dr.	P.O. Box 310248
Suite, Apt. #, etc. #851	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami Florida
Zip 33131 Country USA	Zip 33231 Country USA

4. FEI Number 90-0084641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORTA GONZALO ESQ 334 MINORCA AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MENDIOLA, PATRICIA A 751 OPA LOCKA BLVD OPA LOCKA, FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD + President LORA, MANUEL P.O. Box 310248 Miami FL 33231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LORA, AROH 7395 W 15TH AVE HIALEAH, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Aycher Chebongll 825 Brickell Bay Dr. 851 Miami FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Dir. Enrique Pulley 825 Brickell Bay Dr. 851 Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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 address, with all other like empowered.

SIGNATURE: _____ Pres. & C.E.O. 1-800-979-5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name
ABA PROFESSIONAL ASSOCIATION INC.

2nd page

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. #310248 MIAMI, FL 33131	1101 BRICKELL AVE. #310248 MIAMI, FL 33131

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-8220280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional ~~Fee Required~~

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORTZ, GONZALO ESQ 334 MINORCA AVENUE CORAL GABLES, FL 33134	Name: see attached Street Address (P.O. Box Number is Not Acceptable): Check #1230 for $158.75 City: **FL** Zip Code

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 _____ DATE
Signature required when changing registered agent and not applicable. If NOT, Registered Agent signature required when changing.

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Elect on Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MENDIOLA, PATRICIA A 751 OPA LOCKA BLVD OPA LOCKA, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP Blez Zaldivar P.O. Box 310248 Miami FL 33231	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LORA, MANUEL 1230 CAPRI ST. CORAL GABLES, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LORA, AROH 7395 W 15TH AVE HIALEAH, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SFEX pg 2 of 2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manuel Lora states via a fax received March 31, 2004, this attachment was submitted as part of the	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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2004 AR Filing - $87.50

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