

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010133

Entity Name: RAY SANABRIA, INC.

FILED  
Feb 17, 2004  
Secretary of State

**Current Principal Place of Business:**

13902 N. DALE MABRY HWY.,STE.280  
TAMPA, FL 33618 US

**New Principal Place of Business:**

13902 N. DALE MABRY HWY  
SUITE 280  
TAMPA, FL 33618 US

**Current Mailing Address:**

13902 N. DALE MABRY HWY.,STE.280  
TAMPA, FL 33618

**New Mailing Address:**

13902 N. DALE MABRY HWY  
SUITE 280  
TAMPA, FL 33618

FEI Number: 59-3622893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHECHT, NEIL S  
3426 W. KENNEDY BLVD.  
TAMPA, FL 33609

**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: D ( ) Delete  
Name: SANABRIA, RAY  
Address: 4425 GOLF CLUB LANE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SANABRIA, RAY  
Address: 4425 GOLF CLUB LANE  
City-St-Zip: TAMPA, FL 33624

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: RAY SANABRIA

D

02/17/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date