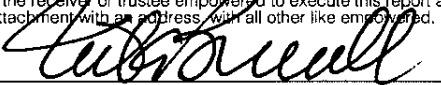


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90062 012 ***150.00

DOCUMENT # P00000011856 1. Entity Name BURELL & ASSOCIATES, INC.			
Principal Place of Business 3006 AVIATION AVENUE 3A MIAMI, FL 33133		Mailing Address 3006 AVIATION AVENUE 3A MIAMI, FL 33133	
2. Principal Place of Business PO BOX 430340 Suite, Apt. #, etc.		3. Mailing Address PO BOX 430340 Suite, Apt. #, etc.	
City & State MIAMI FLORIDA Zip 33243-0340		City & State MIAMI FLORIDA Zip 33243-0340	
Country		Country	
4. FEI Number 65-0973813		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURELL, NEIL A 3006 AVIATION AVE; S#3-A MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6465 SW 84 STREET City MIAMI FL Zip Code 33143	
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	DPVS BURELL, NEIL A 3006 AVIATION AVE; S#3-A MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6465 SW 84 STREET MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURELL, NEIL A 3006 AVIATION AVE; S#3-A MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6465 SW 84 STREET MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 an address, with all other like empowered.			
SIGNATURE: 		NEIL A. BURELL 4/20/04 305 666 5440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

24051100



01092004 Chg-P CR2E034 (10/03)