

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-07-2004 90137 013 \*\*\*150.00  
P03000021303

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 26 AM 9:19

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000021303</b>			
1. Entity Name <b>ECHEGARAY &amp; SON ENTERPRISES INC.</b>			
Principal Place of Business <b>10929 NE 67 ST MIAMI FL 33178</b>		Mailing Address <b>10929 NE 67 ST MIAMI FL 33178</b>	
2. Principal Place of Business <b>10929 NW 67th St.</b>		3. Mailing Address <b>10929 NW 67th St.</b>	
Suite, Apt. #, etc. <b>0</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI FL 33178</b>		City & State <b>MIAMI, FL 33178</b>	
Zip <b>DADE</b>		Zip <b>DADE</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ECHEGARAY, ROSANNA V 10929 NE 67 ST MIAMI FL 33178 N.W</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code <b>FL</b>	
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, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reappointing)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>P/S Correct</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ECHEGARAY, JOSANNA V</b>		NAME <b>ECHEGARAY, ROSANNA V.</b>	
STREET ADDRESS <b>10929 NE 67 ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33178</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>R. EcheGARAY</i>		Date: <b>4/28/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	