


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

03-24-2004 90025 013 ***150.00

DOCUMENT # P03000036757			
1. Entity Name ACM ANESTHESIA RELIEF INC			
Principal Place of Business 10905 NE 8 CT MIAMI, FL 33161		Mailing Address 10905 NE 8 CT MIAMI, FL 33161 US	
2. Principal Place of Business 3245 NE 184TH ST		3. Mailing Address 3245 NE 184TH ST.	
Suite, Apt. #, etc. # 13105		Suite, Apt. #, etc. # 13105	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33160	Country USA	Zip 33160	Country USA
4. FEI Number 57-1158369		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACAZAR, ANDREA 10905 NE 8 CT MIAMI, FL 33161		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MACAZAR, ANDREA 10905 NE 8 CT MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREA MACAZAR 3245 NE 184TH ST # 1305 13105 AVENTURA FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>ANDREA MACAZAR</u>		Date 7-15-04	Overtime Phone # 305-401-0421
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

66430320



07132004 Chg-P CR2E034 (10/03)

City **FL** Zip Code

\$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ANDREA MACAZAR Change Addition
3245 NE 184TH ST # 1305 13105
AVENTURA FL 33160

Date **7-15-04** Overtime Phone # **305-401-0421**

DATE OF ORIGINAL FILING **3-15-04**

Lee

Internet Access

Division of Corporations

Attachment

66430320

P03000036757

-----Original Message-----

From: Andrea Macazar [mailto:andiemac18@msn.com]

Sent: Monday, July 05, 2004 8:26 PM

To: corphelp@mail.dos.state.fl.us

Subject: Re; 2004 annual report [bayer]

To Whom It May concern:

I just got a notice of intent to dissolve on ACM anesthesia Relief Inc. TIN - 57-1158369. I file a renewal in March 2004 and the check (#1128) dated 3-15-04 was already cleared. Please let me know if my annual report was not properly filed. I can send a copy of the form I mailed and the cancelled check if it could be of any help.

Thank you very much.

Andrea Macazar

ACM Anesthesia Relief Inc.



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I NEVER GOT THE LETTER YOU SENT. I AM SENDING THE CORRECTED ANNUAL REPORT W/ FEI NUMBER.

THANK YOU VERY MUCH.