
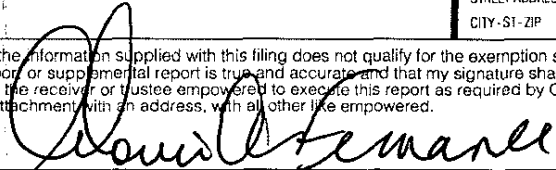


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90002 037 ***150.00

DOCUMENT # P93000057897 1. Entity Name ANTONIO A. FERNANDEZ, P.A.					
Principal Place of Business 901 PONCE DE LEON BLVD, #304 CORAL SPRINGS, FL 33134 US <i>GABLES,</i>			Mailing Address 901 PONCE DE LEON BLVD, #304 CORAL SPRINGS, FL 33134 US <i>GABLES</i>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0447773	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, ANTONIO A 901 PONCE DE LEON BLVD., #304 CORAL GABLES, FL 33134				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 _____ DATE _____ <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	D FERNANDEZ, ANTONIO A 901 PONCE DE LEON BLVD., #304 CORAL GABLES, FL 33134		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	
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	
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	
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: 			6/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			305 441-2401		

MARTINEZ-ESTEVE AND LOPEZ-CASTRO

ATTORNEYS AT LAW

901 PONCE DE LEON BOULEVARD

SUITE 304

CORAL GABLES, FLORIDA 33134

June 30th, 2004

RAUL J. A. MARTINEZ-ESTEVE, P.A.*

AMADEO LOPEZ-CASTRO III, P.A.

ANTONIO A. FERNANDEZ, P.A.

SERGIO L. MENDEZ
OF COUNSEL

* BOARD CERTIFIED REAL ESTATE ATTORNEY

Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

54059617

TELEPHONE (305) 441-2401

TOLL FREE (877) 584-9268

FAX (305) 442-2184

VIA REGULAR MAIL

RE: Annual Report/2004

Dear Sirs:

Enclosed please find the 2004 Annual Report with a check enclosed in the amount of \$150.00 payable to the Florida Department of State. Please be advised that I did not receive said report and therefore am entitled to the waiver of the late fee.

Should you have any questions, please do not hesitate to contact the undersigned.

Yours truly,


Antonio A. Fernandez, Esq.

AAF/blc

Enclosures