


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90056 018 ***150.00

DOCUMENT # P98000034957

1. Entity Name
SANTIAGO D. ECHEMENDIA, P.A.



Principal Place of Business Mailing Address

201 SOUTH BISCAYNE BLVD **201 SOUTH BISCAYNE BLVD**
STE 2600 **STE 2600**
MIAMI, FL 33131 US **MIAMI, FL 33131 US**

50006322



2. Principal Place of Business 3. Mailing Address

1441 Brickell Avenue *1441 Brickell Avenue*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
15 Floor *15 Floor*

01212005 Chg-P CR2E034 (10/03)

City & State City & State

Miami, Florida *Miami, Florida*

Zip Country Zip Country

33131 *USA* *33131* *USA*

4. FEI Number Applied For

65-0840847 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EHEMENDIA, SANTIAGO D
201 SOUTH BISCAYNE BLVD
STE 2600
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Santiago D. Echemendia

Street Address (P.O. Box Number is Not Acceptable)
1441 Brickell Avenue

15 Floor

City State Zip Code

Miami **FL** *33131*

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EHEMENDIA, SANTIAGO D 201 SOUTH BISCAYNE BLVD STE 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Echemendia, Santiago D. 1441 Brickell Avenue, 15 Floor Miami, Florida 33131
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____ *1/21/05* **(305) 536-8420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #