

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24413

FILED
Jan 05, 2004
Secretary of State

Entity Name: SANCHEZ-ZEINALI & ASSOCIATES, INC.

Current Principal Place of Business:

10305 NW 41 STREET
STE 103
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10305 NW 41 STREET
STE 103
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 65-0233471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ-ZEINALI, BETTY
10305 NW 41 ST #103
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ-ZEINALI, BETTY
Address: 10305 NW 41 ST STE 103
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: ZEINALI, FRANK
Address: 10305 NW 41 ST STE 103
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY SANCHEZ-ZEINALI

P

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date