


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V68299 1. Entity Name J. J. PALACIO, P.A.	
--	---

Principal Place of Business 10300 SUNSET DR. SUITE 400 MIAMI, FL 33173 US	Mailing Address 6432 SW 107TH CT. MIAMI, FL 33173 US
--	--



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0359893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PALACIO, JORGE J.  
6432 SW 107TH CT  
MIAMI, FL 33173

**DO NOT WRITE IN THIS SPACE**

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 title 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	PVS PALACIO, JORGE J. 6432 SW 107TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALACIO, JORGE J. 6432 SW 107TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000172903  
01/06/05-80016-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jorge J. Palacio Date: 1/4/05 Daytime Phone #: 305-595-0303