2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004, 08:00 AM **Secretary of State**

DOC	UMEN	IT#	V7	'0837
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1. Entity Name RENÁLDY J. GUTIERREZ, P.A.

Principal Place of Business 601 BRICKELL KEY DR

STE, 201

MIAMI, FL 33131

Mailing Address

601 BRICKELL KEY DR STE. 201

MIAMI, FL 33131 US



DO NOT WRITE IN THIS SPACE

No Chg-P 01052004 CR2E034 (10/03)

4. FEI Number	(Applied For_
65-0374073	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

GUTIERREZ, RENALDY J. 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131

SIGNATURE

DO NOT WRITE IN THIS SPACE

8,	The above named entity submits this statement if	or the purpose of changl	ng its registered office or re	egistered agent, or both, in the	he State of Florida. I	am familiar with, a	nd accept
	the obligations of registered agent.						

DIOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE 15 \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

H00000123014 04/21/04-80052-012 150.00

OFFICERS AND DIRECTORS 10. TITLE GUTIERREZ, RENALDY J. NAME STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 201 CITY-ST-ZIP MIAMI, FL 33131 24 TITLE GUTIERREZ, LOURDES M NAME STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131 City-ST-ZiP TITLE NAME GUTIERREZ, LOURDES N 601 BRICKELL KEY DRIVE, SUITE 201 STREET ADDRESS CITY ST-ZIP MIAMI, FL 33131 2171 E **NUMBE** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-2P SHIE

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY -ST - ZIP

Renaldy J. Gutierrez 4/19/2004