
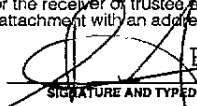


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000003544 1. Entity Name 8-23 CORPORATION																													
Principal Place of Business 10000 SW 56TH STREET STE. 32 MIAMI, FL 33165			Mailing Address 10000 SW 56TH STREET STE. 32 MIAMI, FL 33165																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
6. Name and Address of Current Registered Agent QUINTANA, J L ESQ. 338 MINORCA AVE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable).</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, P.N.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10000 SW 56TH STREET STE. 32</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33165</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, P.N.		STREET ADDRESS	10000 SW 56TH STREET STE. 32		CITY- ST- ZIP	MIAMI, FL 33165		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: 		P. Nelson Rodriguez.		01-28-04																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		305-595-8220 <small>Daytime Phone #</small>																									