FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90255 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000046005

1. Entity Name
LAW OFFICES OF OSCAR ARROYAVE, P.A.

94075736

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DRIVE SUITE 1400 COCONUT GROVE, FL 33133	2601 SOUTH BAYSHORE DRIVE SUITE 1400 COCONUT GROVE, FL 33133

2. Principal Place of Business	3. Mailing Address
2937 SW 27 Avenue	2937 SW 27 avenue
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Coconut Grove, FL	City & State Coconut Grove, FL
Zip 33133 Country USA	Zip 33133 Country USA

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0454114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERLIT CORPORATE SERVICES, INC.
848 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Oscar Arroyave
Street Address (P.O. Box Number is Not Acceptable) 9020 SW 120 Street
City Miami FL Zip Code 33176

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 [signature] 04-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROYAVE, OSCAR ~~2601 SOUTH BAYSHORE DRIVE, SUITE 1400~~ ~~COCONUT GROVE, FL 33133~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2937 SW 27 avenue Suite 202 Coconut Grove, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Oscar Arroyave 04/26/04 (305) 443-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #