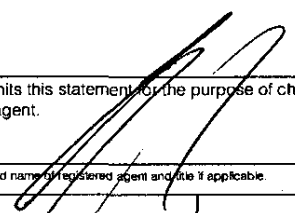


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90177 005 ***150.00

DOCUMENT # 524826 1. Entity Name MARCELO M. AGUDO, P.A.					
Principal Place of Business 2333 PONCE DE LEON BLVD SUITE PH 1120 CORAL GABLES, FL 33134-5427 US			Mailing Address 2333 PONCE DE LEON BLVD SUITE PH 1120 CORAL GABLES, FL 33134-5427 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 59-1736418 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04292004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent AGUDO, MARCELO M. 2333 PONCE DE LEON BLVD SUITE PH 1120 MIAMI, FL 33135 5427				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City CORAL GABLES FL Zip Code 33134	
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: 4/29/04					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS AGUDO, MARCELO M 2333 PONCE DE LEON BLVD #PH 1120 CORAL GABLES, FL 331345427	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUDO, MARCELO M 2333 PONCE DE LEON BLVD #PH-1120 CORAL GABLES, FL 331345427	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  MARCELO M. AGUDO 4/29/04 305-448-4747 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		