

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 536124

1. Entity Name
 DE CARDENAS & FREIXAS, P.A.



Principal Place of Business

14 NE FIRST AVENUE
 SUITE 704
 MIAMI, FL 33132

Mailing Address

14 NE FIRST AVENUE
 SUITE 704
 MIAMI, FL 33132



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1751830 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FREIXAS, M. OSCAR
 14 N.E. FIRST AVENUE
 MIAMI, FL 33132

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

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, 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 PD
 NAME DE CARDENAS, MARIO E.
 STREET ADDRESS 14 NE FIRST AVE.
 CITY - ST - ZIP MIAMI FL,

TITLE SD
 NAME FREIXAS, M. OSCAR
 STREET ADDRESS 14 NE FIRST AVE.
 CITY - ST - ZIP MIAMI FL,

TITLE
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 CITY - ST - ZIP

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 02/18/05-80054-011 150.00

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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)(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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05
 Date

Daytime Phone #