

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90315 047 \*\*\*150.00

**DOCUMENT # 541090**  
 1. Entity Name  
**CARLOS M. ESTEVEZ AND ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
 6730 SW 101 ST 6730 SW 101 ST  
 MIAMI, FL 33156 US MIAMI, FL 33156 US

94049954

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

03082004 Chg-P CR2E034 (10/03)  
 4. FEI Number 59-1751973 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ESTEVEZ, CARLOS M.**  
**6730 SW 101 ST**  
**MIAMI, FL 33156**

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: *Carlos M. Estevez* **CARLOS M. ESTEVEZ PRESIDENT** 4/9/04  
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

TITLE NAME	PSD ESTEVEZ, CARLOS M.	<input type="checkbox"/> Delete
STREET ADDRESS	6730 SW 101 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME	VD ESTEVEZ, ANA C.	<input type="checkbox"/> Delete
STREET ADDRESS	6730 SW 101 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carlos M. Estevez* **CARLOS M. ESTEVEZ PRESIDENT** 4/9/04 305-669-4243  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

*CARLOS M. ESTEVEZ*