

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90361 010 ***150.00

DOCUMENT # 602009	
1. Entity Name ANGELO R. POU, P.A.	

Principal Place of Business 6262 BIRD RD. (SW. 40 ST.) SUITE 2-A MIAMI FL 33155 US	Mailing Address 6262 BIRD RD. (SW. 40 ST.) SUITE 2-A MIAMI FL 33155 US
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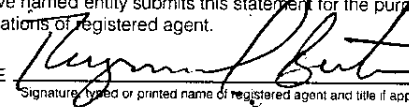
2. Principal Place of Business P.O. BOX 143407	3. Mailing Address P.O. BOX 143407
Suite, Apt. #, etc. CORAL GABLES	Suite, Apt. #, etc. CORAL GABLES
City & State FLORIDA	City & State FLORIDA

Zip 33114-3407	Country MIAMI-DADE	Zip 33114-3407	Country MIAMI-DADE
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MOORE CR2E034 (11/03)

4. FEI Number 59-1297526		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANGELO R. POU 6262 BIRD RD. (SW. 40 STREET) MIAMI FL 33155		
7. Name and Address of New Registered Agent Name RAYMOND BEITRA, ESQ. Street Address (P.O. Box Number is Not Acceptable) BEITRA + VELAZQUEZ, P.A. 900 W. 49TH STREET, SUITE 430 City HALEAH FL 33012		

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. NOT PART OF ENTITY SIGNATURE  RAYMOND BEITRA 4/27/04 (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POU, ANGELO R 6262 BIRD RD. (SW. 40 ST) MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 143407 CORAL GABLES, FL 33114-3407
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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: 	4/27/04 305-666-5100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #