


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 668200**  
 1. Entity Name  
**DUANY PLATER-ZYBERK & COMPANY, INC.**



Principal Place of Business      Mailing Address  
 1023 SW 25TH AVE.      1023 SW 25TH AVE.  
 MIAMI, FL 33135      MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**



04082004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1999580</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 PLATER-ZYBERK, ELIZABETH  
 1023 S.W. 25TH AVENUE  
 MIAMI, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable.      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

0400000119187  
 04/19/04-80090-010 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DUANY, ANDRES M.
STREET ADDRESS	6612 LEJEUNE ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	F
NAME	PLATER-ZYBERK, ELIZABETH
STREET ADDRESS	6612 LEJEUNE RD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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:** \_\_\_\_\_ *4-8-04*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      Date      Daytime Phone #