


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 756586</b> 1. Entity Name <b>ASPIRA OF FLORIDA, INC.</b>					
Principal Place of Business <b>3650 N MIAMI AVE MIAMI, FL 33127-3163</b>			Mailing Address <b>3650 N MIAMI AVE MIAMI, FL 33127-3163</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2105537</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MARTINEZ-FRAGA, PEDRO GREENBERG, TRAUIG, HOFFMAN 1221 BRICKELL AVE. MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>CorpDirect Agents, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 North Meridian Street, Lower Level</b> City <b>Tallahassee</b>	
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.				Zip Code <b>FL 32301</b>	
SIGNATURE <u><i>Phil Lock, Asst. Sec.</i></u>				DATE <u><i>4-22-04</i></u>	
Filing Fee is \$81.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GONZALEZ, ANGELO 3280 S MIAMI AVE MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ID Jose M. Iglesias 201 Alhambra Circle, Ste. 901 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCP SIERRA, MIREAM 3501 JOHNSON ST HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500035724555 05/06/04--01073--012 **\$1.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCRAY, KIM 20533 BISCAYNE BLVD., STE 418 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CABRERA, DIANA 18526 COLLINS AVE SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMD MARTINEZ, RAUL 6301 SW 56 CT DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC OTERO, FRANK 5001 SW 74 CT STE 203 MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u><i>Raul Martinez</i></u>			Raul Martinez 4/14/04 (305) 576-8494		

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