2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004039

ATLANTA, GA 30361

City-St-Zip:

Entity Name: MANUEL PADRON & ASSOCIATES INC.

FILED Jan 14, 2004 Secretary of State

Littly Na	IIIE. WANGE	L FADRON & ASSOCIATES, III	NC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
STE 414	CHTREE ST., , GA 30361	NE				
Current Mailing Address:			New Mailing Address:			
STE 414	CHTREE ST., , GA 30361	NE				
FEI Number	: 58-2083980	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD				
	e named entity e of Florida.	submits this statement for the	ourpose of changing i	its registered	office or registered agent, or bo	oth,
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	_
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PADRON, MAN 1175 PEACHT ATLANTA, GA V (BAKER, JAME	REE ST NE, STE 414	Title: Name: Address: City-St-Zip: Title: Name: Address:	PADRON, MA 1175 PEACH ATLANTA, GA	TREE ST NE, STE 414	
City-St-Zip:	ATLANTA, GA	30361	City-St-Zip:	,	() 21	
Title: Name: Address: City-St-Zip:	EMORY, BRU) Delete CE REE ST NE, STE 414	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address:	TARONJI, MAR) Delete RIBEL REE ST, NE #414	Title: Name: Address:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MANUEL PADRON DIRE 01/14/2004