


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 22, 2004 08:00 AM
Secretary of State

| | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F48560 1. Entity Name VICTOR ESCARPANTER AND ASSOCIATES, P.A. |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 7875 S.W. 40 ST. S217-219 MIAMI, FL 33155 US | Mailing Address 7875 S.W. 40 ST. S217-219 MIAMI, FL 33155 US |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent ESCARPANTER, VICTOR 7875 SW 40 ST S217-219 MIAMI, FL 33155 |
|----------------------------------------------------------------------------------------------------------------------------|



04162004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-2129253 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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) DATE _____

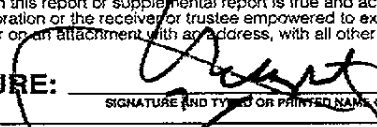
| | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ESCARPANTER, VICTOR JR 12520 S.W. 9TH ST MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ESCARPANTER, VICTOR 8415 S.W. 107 AVE #320 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000124849
04/22/04-80060-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 129.07(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:  **VICTOR ESCARPANTER** 4/19/04 305-261-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #