


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000005676</b> 1. Entity Name <b>FONTAN ASSOCIATES, INC.</b>	
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Principal Place of Business <b>531-A SERGIO CUEVAS HATO REY, PR 00918 OC</b>	Mailing Address <b>531-A SERGIO CUEVAS HATO REY, PR 00918 OC</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>66-0401422</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State	City & State	6. Name and Address of Current Registered Agent <b>ZORRILLA, JUAN C ESQ 2200 S. DIXIE HIGHWAY STE 705 MIAMI, FL 33133</b>
Zip	Country	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City



04192004 Chg-P CR2E034 (10/03)

Applied For  
Not Applied

6. Name and Address of Current Registered Agent <b>ZORRILLA, JUAN C ESQ 2200 S. DIXIE HIGHWAY STE 705 MIAMI, FL 33133</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPT	TITLE	000000140348 <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SIFONTES, ORVAL E	NAME	04/29/04-80155-022 150.00
STREET ADDRESS	531-A SERGIO CUEVAS	STREET ADDRESS	
CITY - ST - ZIP	HATO REY, PR 00918	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		
TITLE	DS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOVE, SAMUEL H	NAME	
STREET ADDRESS	CARR#1ESQUINAL175KM2.5#100RIOCANASINDPK	STREET ADDRESS	
CITY - ST - ZIP	CAGUAS, PR 00725	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		
TITLE	CV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SIFONTES, MARIA D.	NAME	
STREET ADDRESS	531-A SERGIO CUEVAS	STREET ADDRESS	
CITY - ST - ZIP	HATO REY, PR 00918	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [Signature] 23 / abril / 04 787-764-4915

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