


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 007 ***158.75

DOCUMENT # G06956	
1. Entity Name CRISTINA DE C. CARTAGENOVA, P.A.	

Principal Place of Business 1627 BRICKELL AVE. 1806 MIAMI FL 33129	Mailing Address 1627 BRICKELL AVE. 1806 MIAMI FL 33129
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2. Principal Place of Business 1627 BRICKELL AVENUE	3. Mailing Address 1627 BRICKELL AVENUE
Suite, Apt. #, etc. 1806	Suite, Apt. #, etc. 1806
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33129-1250	Country U.S.A.

34011004



MOORE CR2E034 (11/03)

4. FEI Number 65-0107712		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARDENAS CARTAGENOVA, CRISTINA DE 1627 BRICKELL AVENUE STE 1806 MIAMI FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Cristina de C. Cartagena* **President** 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDENAS CARTAGENOVA, CRISTINA DE 1627 BRICKELL AVE., STE 1806 MIAMI FL 33129 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Cristina de C. Cartagena* **- PRESIDENT -** 1/26/04 **- 305.285-1304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #