2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90004 025 ***150.00

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DOCUMENT # G62541

1. Entity Name
JOSE M. QUINON, P.A.

Principal Place of Business	Mailing Address
2400 S. DIXIE HWY MIAMI, FL 33133	2400 S. DIXIE HWY MIAMI, FL 33133

03242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1401 BRICKELL AVENUE		1401 BRICKELL AVENUE	
Suite, Apt. #, etc. 1000		Suite, Apt. #, etc. 1000	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131-3504	Country USA	Zip 33131-3504	Country USA

4. FEI Number 59-2359637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINON, JOSE M.
~~2400 SOUTH DIXIE HIGHWAY~~
~~SUITE 200~~
~~MIAMI, FL 33133~~

7. Name and Address of New Registered Agent

Name JOSE M. QUINON
Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVENUE
SUITE 1000
City MIAMI FL Zip Code 33131-3504

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 ______
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINON, JOSE ~~2400 S DIXIE HWY, #200~~ ~~MIAMI, FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1401 BRICKELL AVENUE #1000 MIAMI, FLORIDA 33131-3504	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Jose Quinon 03/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #