


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # H06749
1. Entity Name
RICHARD PADRON AND ASSOCIATES, INC.



Principal Place of Business 3229 FLAGLER AVE, UNIT 101 P. O. BOX 2152 (C/O RICHARD PADRON) KEY WEST, FL 33040-4687	Mailing Address 3229 FLAGLER AVE, UNIT 101 P. O. BOX 2152 (C/O RICHARD PADRON) KEY WEST, FL 33040-4687
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2418299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PADRON, RICHARD
3229 FLAGLER AVE., UNIT 101
KEY WEST, FL 33045-9152

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PADRON, RICHARD 76 DOGWOOD LANE SUGARLOAF SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADRON, DOLORES 76 DOGWOOD LANE SUGARLOAF SHORES, FL
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02/23/04-30021-018 150.00

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/17/2004 DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR