## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # H87985** PEDRO F. MARTELL, P.A. Principal Place of Business Mailing Address 717 PONCE DE LEON BLVD. 717 PONCE DE LEON BLVD. **SUITE 319** SUITE 319 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 No Cha-P CR2E034 (10/03) 01062004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2606434 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTELL, PEDRO F. DO NOT WRITE 717 PONCE DE LEON BLVD. SUITE 319 IN THIS SPACE CORAL GABLES, FL 33134 5. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000105782 Trust Fund Contribution, Added to Fees 04/07/04-80039-011 150.00 10. OFFICERS AND DIRECTORS PSTD TITLE NAME MARTELL, PEDRO F. STREET ADDRESS 717 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FL 33134 រាស f NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 reference 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:

OH/OZ/OH (305) 446-3460

SIGNATURE:

STREET ABORESS CTTY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP