

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90408 050 \*\*\*150.00

**DOCUMENT # H95147**  
 1. Entity Name  
**FRANK QUINTERO, JR., P.A.**



Principal Place of Business      Mailing Address  
~~1221 BRICKELL AVE.~~      ~~1221 BRICKELL AVE.~~  
~~#1020~~      ~~#1020~~  
~~MIAMI FL 33131~~      ~~MIAMI FL 33131~~  
 US      US



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**Herrick Plaza - 2199 Ponce de Leon Blvd**      **Herrick Plaza - Ponce de Leon Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**201**      **201**

City & State      City & State  
**Coral Gables, FL**      **Coral Gables, FL**  
 Zip      Zip      Country      Country  
**33134**      **33134**      **US**      **US**

4. FEI Number      Applied For  
**59-2634110**       Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**QUINTERO, FRANK JR**  
~~1221 BRICKELL AVENUE~~  
~~SUITE 1020~~  
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2199 Ponce de Leon Blvd.**  
**Suite 201**  
 City      State      Zip Code  
**Coral Gables**      **FL**      **33134**

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 \_\_\_\_\_

**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.      \$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	PVSD QUINTERO, FRANK JR <del>1221 BRICKELL AVENUE, SUITE 1020</del> <del>MIAMI FL 33131</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2199 Ponce de Leon Blvd, Suite 201</b> <b>Coral Gables FL 33134</b>
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
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
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
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
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:** *[Signature]*      3/26/04      (305) 446-0303  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #