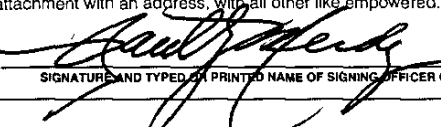


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90023 014 ***150.00

DOCUMENT # J31264 1. Entity Name RAUL G. MENDOZA, P.A.					
Principal Place of Business 1401 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134-4060			Mailing Address 1401 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134-4060		
2. Principal Place of Business 1401 Ponce de Leon Blvd			3. Mailing Address 1401 Ponce de Leon Blvd		
Suite, Apt. #, etc. Suite 402			Suite, Apt. #, etc. Suite 402		
City & State Coral Gables, FL			City & State Coral Gables, FL		
Zip 33134		Country USA		4. FEI Number 59-2710180	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MENDOZA, RAUL G. 1401 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1401 Ponce de Leon Boulevard Suite 402 City Coral Gables, Florida FL Zip Code 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  Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE January 8, 2004	
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 PV	NAME MENDOZA, RAUL G.		☐ Delete		
STREET ADDRESS 1401 PONCE DE LEON BLVD.	CITY-ST-ZIP CORAL GABLES, FL 33134		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS 1401 Ponce de Leon Blvd. Ste 402		CITY-ST-ZIP Coral Gables, Florida 33134		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		CITY-ST-ZIP NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Jan. 8, 2004	
Daytime Phone # (305)445-1818					

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