2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90023 014 ***150.00

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01082004 Chg-P CR2E034 (10/03)

DOCUMENT # J31264

1. Entity Name
RAUL G. MENDOZA, P.A.

Principal Place of Business	Mailing Address
1401 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134-4060	1401 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134-4060

2. Principal Place of Business	3. Mailing Address
~~1401 Ponce de Leon Blvd~~	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	Zip: 33134 Country: USA

4. FEI Number: 59-2710180 ☐ Applied For ☐ Not Applicable

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] January 8, 2004
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	PV ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MENDOZA, RAUL G.	NAME	
STREET ADDRESS	1401 PONCE DE LEON BLVD.	STREET ADDRESS	1401 Ponce de Leon Blvd. Ste 402
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] Jan. 8, 2004 (305)445-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #