


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # J61314 1. Entity Name TRAFALGAR ASSOCIATES, INC.	
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Principal Place of Business 701 NW 62 AVE STE 110 MIAMI, FL 33126-6001	Mailing Address 701 NW 62 AVE STE 110 MIAMI, FL 33126-6001
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2806843	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 GONZALEZ, J.A. 701 NW 62 AVE STE 110 MIAMI, FL 33126-6001

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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, 2005 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 CACICEDO, RAMON R. 701 NW 62 AVE, STE 110 MIAMI, FL 331266001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS GONZALEZ, JOSE ANTERO 701 NW 62 AVE, STE 110 MIAMI, FL 331266001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERNANDEZ, GUS 701 NW 62 AVE, STE 110 MIAMI, FL 331266001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GUTHARD, KEVIN 701 NW 62 AVE, STE 110 MIAMI, FL 331266001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: Jose A Gonzalez 1-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #