


2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 182

DOCUMENT # K91838 1. Entity Name ORLANDO J. VALDES PH.D., P.A.	
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FILED

OCT -7 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9551 SW 56 COURT CORAL GABLES, FL 33156 US	Mailing Address 9551 SW 56 COURT CORAL GABLES, FL 33156 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09212004 Chg-P CR2E034 (10/03) TK

6. Name and Address of Current Registered Agent	
VALDES, ORLANDO J. 9551 SW 56 COURT CORAL GABLES, FL 33156	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	VALDES, ORLANDO J.
STREET ADDRESS	9551 SW 56 COURT
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700041667437
STREET ADDRESS	10/07/04--01025--003 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Orlando J. Valdes 10/05/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

PS 2002

Orlando J. Valdes
9551 SW 56 Court
Coral Gables, FL 33156
Ph: (305) 266-0284

October 04, 2004

To Whom It May Concern:

We did not receive notice of this annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes.

If you have any question, please fee free to contact me.
Thank you,

Orlando J. Valdes