

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K98966

1. Entity Name
400 ALHAMBRA CIRCLE CORPORATION



Principal Place of Business
C/O PACIFIC RG MGMT CORP.
2600 DOUGLAD RD #1004
CORAL GABLES, FL 33134 US
Mailing Address
C/O PACIFIC RG MGMT CORP.
2600 DOUGLAD RD #1004
CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

07202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0198558	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

MURAI, WALD, BIONDO, & MORENO, PA
900 INGRAHAM BLDG.
25 SOUTHEAST 2ND AVENUE
MIAMI, FL 33131

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAIAS, ROBERTO 2600 DOUGLAS RD #1004 MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria Wald Carlson Morena 2600 Douglas Road, Suite 1004 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OFFICER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ISAIAS, WILLIAM 2600 DOUGLAS RD #1004 MIAMI, FL	<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	VDS ISAIAS, ESTEFANO 2600 DOUGLAS RD #1004 MIAMI, FL	<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	V SCHULTHEIS, THEODORE 2600 DOUGLAS RD #1004 MIAMI, FL	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Aug 09, 2004 8:00 am
Secretary of State**

08-09-2004 90143 001 ***150.00

08-09-2004 90143 002 ***400.00

0040100

