

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90014 026 \*\*\*150.00

**DOCUMENT # L09363**  
 1. Entity Name  
 ELENA DE SOCARRAZ, P.A.



Principal Place of Business  
 2350 CORAL WAY  
 STE 401  
 MIAMI, FL 33145 US

Mailing Address  
 2350 CORAL WAY  
 STE 401  
 MIAMI, FL 33145 US

J4022170



2. Principal Place of Business  
 1651 SO. LEJEUNE RD  
 Suite, Apt. #, etc.

3. Mailing Address  
 1651 SO. LEJEUNE RD  
 Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip  
 33134

Country  
 USA

Zip  
 33134

Country  
 USA

4. FEI Number  
 65-0157220

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SOCARRAZ, ELENA DE  
 2350 CORAL WAY  
 STE 401  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1651 SO. LEJEUNE RD

City MIAMI 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: *Elena de Socarraz* DATE: 3/18/04

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SOCARRAZ, ELENA DE 2350 CORAL WAY STE 401 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1651 SO. LEJEUNE RD MIAMI, FL 33134
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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: *Elena de Socarraz* DATE: 3/18/04 (305) 443-1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #