


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90005 010 ***150.00

DOCUMENT # L39226

1. Entity Name
 JOSE I. PADIAL, PA



Principal Place of Business: 999 PONCE DE LEON, 715, CORAL GABLES, FL 33134 US

Mailing Address: 999 PONCE DE LEON, 715, CORAL GABLES, FL 33134 US

44001920



2. Principal Place of Business: 2600 Douglas Rd., PH 6, Coral Gables, FL 33134

3. Mailing Address: 2600 Douglas Rd., PH 6, Coral Gables, FL 33134

01052004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0163420

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

6. Name and Address of Current Registered Agent: PADIAL, JOSE I., 999 PONCE DE LEON, SUITE 716, CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent: 2600 Douglas Rd., PH 6, Coral Gables, FL 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]* Director DATE: 1/5/04

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

TITLE: D	<input type="checkbox"/> Delete
NAME: PADIAL, JOSE I.	
STREET ADDRESS: 999 PONCE DE LEON, SUITE 715	
CITY-ST-ZIP: MIAMI, FL 33134	
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: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PADIAL, JOSE I.	
STREET ADDRESS: 2600 Douglas Rd. PH 6	
CITY-ST-ZIP: Coral Gables, FL 33134	
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:	
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: *[Signature]* Director DATE: 1/5/04 Daytime Phone #: (305) 443-8010