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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90030 016 ***158.75

94035235

DOCUMENT # M11405

1. Entity Name
ABA PROFESSIONAL ASSOCIATION INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. #310248 MIAMI, FL 33131	P.O. Box 1101 BRICKELL AVE. #310248 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
825 Brickell Bay Dr.	P.O. Box 310248
Suite, Apt. #, etc. #851	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami Florida
Zip 33131 Country USA	Zip 33231 Country USA

03182004 Chg-P CR2E034 (10/03)

4. FEI Number 900084641 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORTA, GONZALO ESQ 334 MINORCA AVENUE CORAL GABLES, FL 33134	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 $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	P	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MENDIOLA, PATRICIA A		NAME	
STREET ADDRESS	751 OPA LOCKA BLVD		STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33185		CITY-ST-ZIP	
TITLE	CEOD + President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LORA, MANUEL		NAME	
STREET ADDRESS	P.O. Box 310248		STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33231		CITY-ST-ZIP	
TITLE	TD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LORA, AROH		NAME	
STREET ADDRESS	7395 W 15TH AVE		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	
TITLE	Secretary	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Aycher Carbonell		NAME	
STREET ADDRESS	825 Brickell Bay Dr. 851		STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33131		CITY-ST-ZIP	
TITLE	V.P. Dir.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Enrique Pulley		NAME	
STREET ADDRESS	825 Brickell Bay Dr. 851		STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 my address, with all other like empowered.

SIGNATURE: Pres. + C.E.O. 1-800-979-5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M11405

1. Entity Name
ABA PROFESSIONAL ASSOCIATION INC.

2nd page

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. #310248 MIAMI, FL 33131	1101 BRICKELL AVE. #310248 MIAMI, FL 33131

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

03182004 Chg-P CR2E034 (10/03)

4. FEI Number 59-8220280 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional ~~Fee Required~~

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORTZ, GONZALO ESQ 334 MINORCA AVENUE CORAL GABLES, FL 33134	Name: see attached Street Address (P.O. Box Number Is Not Acceptable): Check #1230 for $158.75 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 (owner or partner) of registered agent and title (if applicable) (NOTE: Registered Agent signature required when including 6)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Elect on 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: P NAME: MENDIOLA, PATRICIA A STREET ADDRESS: 751 OPA LOCKA BLVD CITY-ST-ZIP: OPA LOCKA, FL 33155 ☐ Delete	TITLE: SP.D NAME: Alex Zaldivar STREET ADDRESS: P.O. Box 310248 CITY-ST-ZIP: Miami Fl 33231 ☐ Change ☐ Addition
TITLE: CEOD NAME: LORA, MANUEL STREET ADDRESS: 1230 CAPRI ST. CITY-ST-ZIP: CORAL GABLES, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: TD NAME: LORA, AROH STREET ADDRESS: 7395 W 15TH AVE CITY-ST-ZIP: HIALEAH, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

SEE FIRST page

Manuel Lora states via a fax received March 31, 2004, this attachment was submitted as part of the 2004 AR Filing - [illegible]

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 #