

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M14161 1. Entity Name G. JERRY CHIOCCA, CPA, P.A.					
Principal Place of Business 1 SE THIRD AVENUE 10TH FLOOR MIAMI, FL 33131 US		Mailing Address 1 SE THIRD AVENUE 10TH FLOOR MIAMI, FL 33131 US			
DO NOT WRITE IN THIS SPACE					
				01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2500810		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 CHIOCCA, G. JERRY 1 SE 3RD AVE 10TH FLOOR MIAMI, FL 33131				DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DP CHIOCCA, G. JERRY 1 SE THIRD AVENUE 10TH FLOOR MIAMI, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE 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: <i>G. Jerry Chiocca</i>		G. JERRY CHIOCCA		1/5/04 305-377-4228	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	