

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90503 001 ***300.00



DOCUMENT # M46910.

1. Entity Name

DE MOLINA AND ASSOCIATES, INC.

Principal Place of Business

7205 CORPORATE CENTER DR
 STE 406
 MIAMI FL 33126

Mailing Address

7205 CORPORATE CENTER DR
 STE 406
 MIAMI FL 33126
 US

66416939



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.
 360

3. Mailing Address

Suite, Apt. #, etc.
 360

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2768094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE MOLINA, OCTAVIO, GOMEZ
 7205 CORPORATE CTR., DR., #406
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
 OCTAVIO GOMEZ de MOLINA
 Street Address (P.O. Box Number is Not Acceptable)
 6161 Blue Lagoon Drive Suite 360
 Miami
 City
 FL Zip Code
 33126

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GOMEZ, DE MOLINA OCTAVIO	
STREET ADDRESS	7205 CORPORATE CTR., DR., STE 406	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMOLINA, STEPHEN	
STREET ADDRESS	7205 CORPORATE CTR. DR., STE 406	
CITY-ST-ZIP	MIAMI FL 33126	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCTAVIO GOMEZ de Molina	
STREET ADDRESS	6161 Blue Lagoon Drive # 360	
CITY-ST-ZIP	MIAMI - FL. 33126	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04 (305) 265-0952