

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M68573</b>                           |   |
| 1. Entity Name<br>J. CORREA AND ASSOCIATES, INC.   |   |
| Principal Place of Business                        | Mailing Address                                       |
| 801 MADRID ST STE 203<br>CORAL GABLES, FL 33134 US | 3200 COCONUT GROVE DRIVE<br>CORAL GABLES, FL 33134 US |



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FCI Number<br>65-0033957                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CORREA, JORGE<br>3200 COCONUT GROVE DRIVE<br>CORAL GABLES, FL 33134 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|--|---------------------------------------|

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, if applicable, (P)ATE Registered Agent signature, typed or printed name DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CORREA, JORGE<br>3200 COCONUT GROVE DR<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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03/21/05-80033-025 150.00

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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 **Jorge Correa President** **3-18-05 (3-05) 444-8036**  
Date Day/ite Phone #