## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # P00000000197 1. Entity Name RESTREPO ASSOCIATES, INC. Principal Place of Business Mailing Address 9737 NW 41 STREET #186 9737 NW 41 STREET #186 MIAMI, FL 33178 MIAMI, FL 33178 03092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0980399 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STROM, MAX DO NOT WRITE 9737 NW 41 STREET #186 MIAMI, FL 33178 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. name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000096351 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE STROM, MAX NAME STREET ADDRESS 9737 NW 41 STREET #186 CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

**FILED** 

Applied For

Not Applicable

12. I hereby certify that the information supplied with this filling 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: X Mo Stron		 _X	3	19/04	=
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date		Daytim	e Phone #