


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000002473

1. Entity Name
JOSE M. CORREA CORP.



Principal Place of Business
**5834 SW 80 ST
 SOUTH MIAMI, FL 33143**

Mailing Address
**5834 SW 80 ST
 SOUTH MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



06282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0977190 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORREA, JOSIANA E
 5834 SW 80 ST
 SOUTH MIAMI, FL 33143**

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: *Josiana E Correa* DATE: *7/9/04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORREA, JOSIANA E
STREET ADDRESS	5834 SW 80 ST
CITY - ST - ZIP	SOUTH MIAMI, FL 33143
TITLE	D
NAME	CORREA, JOSE M
STREET ADDRESS	5834 SW 80 STREET
CITY - ST - ZIP	SOUTH MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/12/04-80030-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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: *Jose Correa* DATE: *6/28/04* DAYTIME PHONE #: *305-824-3464*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR