


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90008 021 \*\*\*150.00

<b>DOCUMENT # P00000004232</b> 1. Entity Name <b>GUSTAVO A. CISNEROS INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>6965 SW 117TH AVENUE</b> <b>MIAMI, FL 33173</b> <i>11540 S.W. 72ST</i> <i>MIAMI FL 33173</i>			Mailing Address <b>6965 SW 117TH AVENUE</b> <b>MIAMI, FL 33173</b> <i>11540 S.W. 72ST</i> <i>MIAMI FL 33173</i>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>65-0988418</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  <b>CISNEROS, GUSTAVO A</b> <b>6965 SW 117TH AVENUE</b> <b>MIAMI, FL 33173</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CISNEROS, GUSTAVO A</b> <b>6965 SW 117TH AVENUE</b> <i>11540 S.W. 72ST</i> <b>MIAMI, FL 33173</b> <i>MIAMI FL 33173</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <i>Gustavo A. Cisneros</i> <i>7/16/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Daytime Phone #)</small>					

Attachment

44048210  
# P0000004232

July 7, 2004

To Whom It May Concern:

As per our phone conversation of July 7, 2004, attached please find check for \$150.00, as I did not receive the annual report. I have completed the changed of address for the principal place of business and mailing address.

Thank You,

  
Gustavo A. Cisneros

P.S.

My new address is 11540 Sunset Dr. Miami, FL 33173

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