2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000015522

1. Entity Name
SANTOS DE LA PAZ, P.A.

94057860

Principal Place of Business	Mailing Address
2240 CORAL WAY MIAMI, FL 33145 US	2240 CORAL WAY MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE

04012004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0980290	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

DE LA PAZ, SANTOS
10203 S.W. 28TH ST
MIAMI, FL 33165

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DE LA PAZ, SANTOS
STREET ADDRESS	10203 S.W. 28TH ST
CITY-ST-ZIP	MIAMI, FL 33165

TITLE	M D
NAME	Santos T. de la Paz
STREET ADDRESS	2240 Coral Way
CITY-ST-ZIP	Miami Florida 33145

Phone 305-856 1122

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X Santos T. de la Paz   4/14/2004   305-856 1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #