

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

04-05-2004 90386 029 ***100.00
FILED P00000036213

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1001100

DOCUMENT # P00000036213	
1. Entity Name ALICIA BENITEZ, CPA, PA	



Principal Place of Business 3896 S.W. 107TH AVENUE MIAMI, FL 33165	Mailing Address 3896 S.W. 107TH AVENUE MIAMI, FL 33165
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04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENITEZ, ALICIA 3896 S.W. 107TH AVENUE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, ALICIA 3896 S.W. 107TH AVENUE MIAMI, FL 33165
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04/27/04-01083-013 **50.00

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-1-04 <small>Date</small>	<small>Daytime Phone #</small>
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