


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90067 003 \*\*\*150.00

**DOCUMENT # P0000053437**

1. Entity Name  
**ILEANA E. GARCIA, P.A.**



Principal Place of Business  
**848 BRICKELL AVENUE  
 SUITE 3406  
 MIAMI FL 33131**

Mailing Address  
~~PO BOX 100008~~  
~~MIAMI FL 33116~~

2. Principal Place of Business  
**4400 NW 25 WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4400 NW 25 WAY**  
 Suite, Apt. #, etc.

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33434** Country  
**VSA**

Zip  
**33434** Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**NICHOLLS, GREGG  
 3300 N. UNIVERSITY DR., STE.604  
 CORAL SPRINGS FL 33065**

4. FEI Number **65-1013016** Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARCIA, ILEANA E 540 BRICKELL KEY DR., STE.620 MIAMI FL 33131</b> <input type="checkbox"/> Delete	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.

SIGNATURE: *Ileana E Garcia P/A* *President 561-305-4209*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #