## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90326 047 \*\*\*150.00

## **DOCUMENT # P00000073008**

DEARELLANO COMMUNICATIONS, INC.				25:151 /110			
Principal Place of Business		Mailing Address			24046204		
5732 OLD CHENEY HWY. ORLANDO, FL 32807		200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801				<b>  [2]</b>	
2. Principal Place of Business		3. Mailing Address 20 N. ORANGE AUE					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5u. TE 407		01132004 Chg-P	Chg-P CR2E034 (10/03)		
City & State		City & State Orlando Florida		4. FEI Number 59-3668019	Applied For Not Applicable		
Zip	Country	3a801	Country	5. Certificate of Status Desired	□ \$8.75 Add	iitional	
	6. Name and Address of Current	Jaa	Orange		Feé Requiré	14	
, *	T. //	negistered Agent	Name	7. Name and Address of New Registered Agent			
HENDRY, STONER, DELANCETT, & BROWN, P.A 20 N. ORANGE AVENUE ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)			
	,, , <u>, , , , , , , , , , , , , , , , ,</u>	Suit		E 407			
€.	<i>*</i>		City		FL Zip Code	•	
, 8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Flo		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							
FIL After Ma	E NOW!!! 'FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		5.00 May Be ded to Fees		,	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11	
TITLE	PSD	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	SUAREZ, RALPH A		NAME		•	. :	
STREET ADDRESS CITY-ST-ZIP	7808 GILLINGHAM COURT ORLANDO, FL 32825		STREET ADDRESS CITY-ST-ZIP				
	ORLANDO, FL 32823			<u> </u>		- Addition	
TITLE NAME		☐ Delete	TITLE NAME	•	· Change	Addition	
STREET ADDRESS			STREET ADDRESS			Į	
CITY-ST-ZIP			CITY-ST-ZIP		•	.	
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CITY-ST-ZIP	4		CITY-ST-ZIP	•			
TITLE	7	☐ Delete	TITLE	<del></del>	Change	☐ Addition	
NAME			NAME				
STREET ADDRESS		,	STREET ADDRESS		•	-	
CITY-ST-ZIP			CITY-ST-ZIP		<u></u>		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	•			
	certify that the information supplied with	this filing does not qualify for the		Section 119.07(3)(i) Florida Statutes	I further certify that the in	formation	
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 a 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:

416104

(407) 737-3605

Raiph A. Sudrez