2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY - ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90294 001 *6,000.00 DOCUMENT # P00000103799 1. Entity Name CHAVEZ INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 66414210 11461 SW 40TH ST 11461 SW 40TH ST MIAMI, FL 33165 MIAMI, FL 33165 01082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1057488 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAVEZ, JERRY DO NOT WRITE 11461 SW 40TH ST MIAMI, FL 33165 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE CHAVEZ, JERRY NAME 11461 SW 40TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE CHAVEZ, GILDA S NAME STREET ADDRESS 11461 SW 40TH ST City-St-7IP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

FILED