

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004342

FILED
Apr 28, 2004
Secretary of State

Entity Name: MAYLENE ABAD P.A.

Current Principal Place of Business:

1428 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33131

New Principal Place of Business:

1428 BRICKELL AVENUE
SUITE 401
MIAMI, FL 33131

Current Mailing Address:

1428 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33131

New Mailing Address:

1428 BRICKELL AVENUE
SUITE 401
MIAMI, FL 33131

FEI Number: 65-1070687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABAD, MAYLENE ESQ.
6227 S.W. 12TH STREET
MIAMI, FL 33144

Name and Address of New Registered Agent:

ABAD, MAYLENE ESQ.
1428 BRICKELL AVENUE
SUITE 401
MIAMI, FL 33131

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.

SIGNATURE: MAYLENE ABAD

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ABAD, MAYLENE
Address: 6227 S.W. 12TH STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: ABAD, MAYLENE
Address: 6227 S.W. 12TH STREET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ABAD, MAYLENE
Address: 1428 BRICKELL AVENUE, SUITE 401
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: ABAD, MAYLENE
Address: 1428 BRICKELL AVENUE, SUITE 401
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYLENE ABAD

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date