

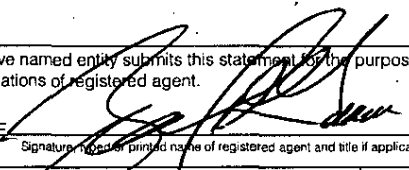
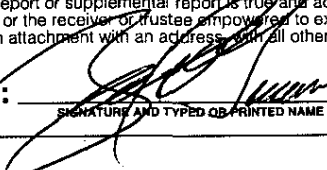


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90356 016 ***150.00

DOCUMENT # P01000024791 1. Entity Name Z. PAOLA GUERRERO, P.A.					
Principal Place of Business 2600 DOUGLAS ROAD SUITE 400 MIAMI, FL 33134			Mailing Address 2600 DOUGLAS ROAD SUITE 400 MIAMI, FL 33134		
2. Principal Place of Business 12515 N. Kendall Dr.		3. Mailing Address 12515 N. Kendall Dr.			
Suite, Apt. #, etc. 314		Suite, Apt. #, etc. Suite 314		04292004 Chg-P CR2E034 (10/03)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1091460	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRERO, Z. PAOLA ESQ. 2600 DOUGLAS ROAD SUITE 400 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Z. Paola Guerrero, PA Street Address (P.O. Box Number is Not Acceptable) 12515 N. Kendall Drive Suite 314 City Miami FL Zip Code 33186	
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: 4/29/04 <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, Z. PAOLA 2600 DOUGLAS RD #400 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Z. Paola Guerrero 12515 N. Kendall Dr. #314 Miami, FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 4/29/04 Daytime Phone #: (305) 279-1000		