

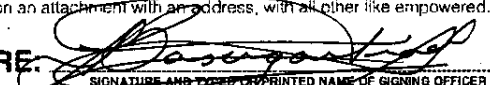


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90524 025 ***150.00

DOCUMENT # P01000025132					
1. Entity Name LUIS BASAGOITIA, ATTORNEY AT LAW, P.A.***2ND RET ML DWHITE PEND					
Principal Place of Business 2326 FORTUNE ROAD KISSIMMEE, FL 34744			Mailing Address 2326 FORTUNE ROAD KISSIMMEE, FL 34744		
2. Principal Place of Business 600 N. THACKER AVE. Suite, Apt. #, etc. Suite C-12 City & State Kissimmee FL Zip 34741 Country U.S.A.		3. Mailing Address 600 N. THACKER AVE. Suite, Apt. #, etc. C-12 City & State Kissimmee FL Zip 34741 Country U.S.A.			
04222004 Chg-P CR2E034 (10/03)				4. FEI Number 59-3713339	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BASAGOITIA, LUIS ESQUIRE 2326 FORTUNE ROAD KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name BASAGOITIA, LUIS Street Address (P.O. Box Number is Not Acceptable) 600 N. THACKER AVE, Suite C-12 City Kissimmee FL Zip Code 34741		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DPS BASAGOITIA, LUIS ESQUIRE 2326 FORTUNE ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 N. THACKER AVE. KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(c), 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: 			4/22/04 407-932-3002		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		