

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90454 015 \*\*\*150.00

<b>DOCUMENT #</b> P01000055266
<b>1. Entity Name</b>
DANIEL H HURTADO CPA PA

**DO NOT WRITE IN THIS SPACE**

**14016942**

<b>2. Principal Place of Business</b> 6401 SW 87 AVENUE Suite, Apt. #, etc. 210	<b>3. Mailing Address</b> 6401 SW 87 AVENUE Suite, Apt. #, etc. 210
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DO NOT WRITE IN THIS SPACE

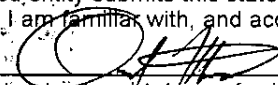
<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL
<b>Zip</b> 33173	<b>Country</b>

<b>4. FEI Number</b> 65-1110801	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name DANIEL H HURTADO	
Street Address (P.O. Box Number is Not Acceptable) 14354 SW 96 TERRACE	
City MIAMI	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**  Daniel H. Hurtado 4/26/04

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

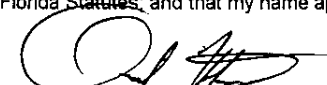
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSTD HURTADO, DANIEL H 14354 SW 96 TERRACE MIAMI, FL 33186
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  DANIEL H HURTADO, PRES. 4/26/2004 305-273-5874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #