

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2004 8:00 am**  
**Secretary of State**

07-01-2004 90001 027 \*\*\*150.00

**DOCUMENT # P01000064446**

1. Entity Name  
CUBAN AMERICAN MEDICAL CONVENTION, INC.



Principal Place of Business  
901 PONCE DE LEON BLVD., #1000  
10TH FLOOR  
CORAL GABLES, FL 33134

Mailing Address  
901 PONCE DE LEON BLVD., #1000  
10TH FLOOR  
CORAL GABLES, FL 33134

54059424



2. Principal Place of Business  
5959 NW 7th Street  
Suite, Apt. #, etc.

3. Mailing Address  
5959 NW 7th Street  
Suite, Apt. #, etc.

06282004 Chg-P CR2E034 (10/03)

City & State  
Miami, FL  
Zip  
33126  
Country  
USA

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Miami, FL  
Zip  
33126  
Country  
USA

4. FEI Number  
65-1116511  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VENNEY, ROBERT E  
901 PONCE DE LEON BLVD., #1000  
10TH FLOOR  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name  
Gutiérrez, Nicolás J.  
Street Address (P.O. Box Number is Not Acceptable)  
2465 South Bayshore Drive  
Suite 200  
City  
Miami FL Zip Code  
33133

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

Signature, typed or printed name of registered agent and like it applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	Gutiérrez, Nicolás J.	2465 South Bayshore Drive Suite 200	Miami, FL 33133		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicolas J. Gutierrez Jr., Nicolas J. Gutierrez Jr., Esq., Pres. 6/28/04 (305) 343-5306