2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071438

Entity Name: CESA ADMINISTRATIVE SERVICES, INC.

FILED Apr 19, 2004 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

13921 SW 80 STREET 13961 SW 72 TERRACE MIAMI, FL 33186 MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

13921 SW 80 STREET 8770 SUNSET DRIVE MIAMI, FL 33186 #366 MIAMI, FL 33173

FEI Number: 65-1130903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CERON, JORGE CLIFFORD, CLARA
13421 SW 80 ST 520 WEKIVA BLUFF STREET
MIAMI, FL 33186 US APOPKA, FL 32712 US

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: CLARA CLIFFORD 04/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VP (X) Change () Addition Name: CERON, JORGE Name: CERON, JORGE

Address: 13421 SW 80 ST Address: 7820 CAMINO REAL J-419

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33143

Title: STD () Delete Title: STD (X) Change () Addition
Name: SANCHEZ, ALMA C Name: SANCHEZ, ALMA C

 Address:
 13421 SW 80 ST
 Address:
 7820 CAMINO REAL J-419

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33143

Title: () Delete Title: P () Change (X) Addition

 Name:
 Name:
 CLIFFORD, CLARA

 Address:
 Address:
 520 WEKIVA BLUFF ST

 City-St-Zip:
 City-St-Zip:
 APOPKA, FL 32712

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: CLARA CLIFFORD P 04/19/2004