

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091881

FILED  
Feb 19, 2004  
Secretary of State

Entity Name: RAMOS BALZA & ASOCIATES, INC.

## Current Principal Place of Business:

1000 PONCE DE LEON BLVD  
301  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

1000 PONCE DE LEON BLVD  
301  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 90-0000881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALERI, DANIELA  
1000 PONCE DE LEON BLVD  
301  
CORAL GABLES, FL 33134

## Name and Address of New Registered Agent:

RAMOS, AYESHA S  
1000 PONCE DE LEON BLVD  
301  
CORAL GABLES, FL 33134

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: AYESHA SIKIU RAMOS

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BALZA, ASDRUBAL R  
Address: 15530 SW 80 STREET #108  
City-St-Zip: MIAMI, FL 33193

Title: V ( ) Delete  
Name: RAMOS, ASDRUBAL  
Address: 15530 SW 80 STREET #108  
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete  
Name: RAMOS, AYESHA S  
Address: 15530 SW 80 STREET #108  
City-St-Zip: MIAMI, FL 33193

Title: D (X) Delete  
Name: VALERI, DAMELA  
Address: 15315 SW 80 ST #108  
City-St-Zip: MIAMI, FL 33193

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ASDRUBAL R. RAMOS

P

02/19/2004

Electronic Signature of Signing Officer or Director

Date