


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90041 024 ***150.00

DOCUMENT # P01000091887
 1. Entity Name
JUAN ALICEA, INC.



Principal Place of Business
**1409 HOLYHOCK STREET
 DELTONA, FL 32725**

Mailing Address
**1409 HOLYHOCK STREET
 DELTONA, FL 32725**

DO NOT WRITE IN THIS SPACE



01022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3753977

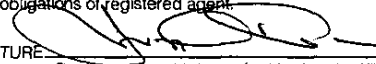
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ALICEA, JUAN JR
 1409 HOLYHOCK STREET
 DELTONA, FL 32725**

DO NOT WRITE IN THIS SPACE

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: 

DATE: **Jan 19/04**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICEA, JUAN JR 1409 HOLYHOCK STREET DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA A, JESUA JR 990 SHORTCREST DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICEA, JUAN SR 1410 HOLYHOCK ST DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

DATE: **Jan 19/04**

Daytime Phone #: **(386) 566-2719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #