


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000097755  
 1. Entity Name  
 FIGUEREDO & ASSOCIATES, INC.



Principal Place of Business 5900 SW 73 AVENUE MIAMI, FL 33143	Mailing Address 5900 SW 73 AVENUE MIAMI, FL 33143
---	---

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1149604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEREDO, FRANCISCO  
 5900 SW 73 AVENUE  
 MIAMI, FL 33143

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000169972  
 08/12/04 00000 000-150-00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 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	D FIGUEREDO, FRANCISCO 5900 SW 73 AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *F. Figueredo* **8/5/04** **(305) 374-3121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #