


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90234 006 \*\*\*150.00

<b>DOCUMENT # P01000098409</b>		
1. Entity Name <b>CORZO &amp; ASSOCIATES, INC.</b>		

Principal Place of Business <b>1330 CORAL WAY STE 204 MIAMI, FL 33145</b>	Mailing Address <b>1330 CORAL WAY STE 204 MIAMI, FL 33145</b>
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**94061245**



2. Principal Place of Business <b>1738 SW 24 Terr</b>	3. Mailing Address <b>1738 SW 24 Terr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

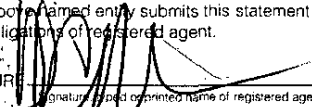
City & State <b>MIAMI FL 33145</b>	City & State <b>MIAMI FL</b>
Zip <b>33145</b>	Country <b>USA</b>

4. FEI Number <b>65-1146048</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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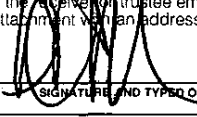
6. Name and Address of Current Registered Agent <b>CORZO-MENDOZA, MAIRET 1330 CORAL WAY SUITE 204 MIAMI, FL 33145</b>	
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7. Name and Address of New Registered Agent Name <b>CORZO - Mendoza, Mairet</b> Street Address (P.O. Box Number is Not Acceptable) <b>1738 SW 24 Terr</b> City <b>MIAMI</b> FL Zip Code <b>33145</b>	
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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  <b>mairet Corzo Mendoza</b> DATE <b>4/19/04</b>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST CORZO MENDOZA, MAIRET M 1738 SW 24 TERR MIAMI, FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MENDOZA, EDUARDO 1738 SW 24 TERR MIAMI, FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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:  <b>mairet Corzo Mendoza</b>	Date <b>4/19/04</b> Daytime Phone # <b>305-724-7204</b>