


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90246 023 \*\*\*150.00

**DOCUMENT # P01000103390**

1. Entity Name  
**LAW OFFICE OF YESENIA COLLAZO, P.A.**



Principal Place of Business      Mailing Address

**7850 N.W. 146TH STREET**      **7850 N.W. 146TH STREET**  
**403**      **403**  
**MIAMI LAKES, FL 33016**      **MIAMI LAKES, FL 33016**

**94072428**

2. Principal Place of Business      3. Mailing Address

**10200 NW 25 Street**      **10200 NW 25 St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**201**      **201**



04262004      Chg-P      CR2E034 (10/03)

City & State      City & State

**MIAMI FL**      **MIAMI FL**

Zip      Country      Zip      Country

**33172**      **USA**      **33172**      **USA**

4. FEI Number      Applied For

**65-1152867**       Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLAZO, YESENIA ESQ.**  
**7850 N.W. 146TH STREET**  
**403**  
**MIAMI LAKES, FL 33016**

7. Name and Address of New Registered Agent

Name: **COLLAZO, YESENIA ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable): **10200 NW 25 ST, ST 201**  
 City: **MIAMI**      FL      Zip Code: **33172**

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: **Yesenia Collazo - President**      DATE: **4/24/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLAZO, YESENIA	
STREET ADDRESS	7850 N.W. 146TH STREET SUITE 403	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, YESENIA	
STREET ADDRESS	10200 NW 25 ST, ST 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Yesenia Collazo Yescenia Collazo**      Date: **4/24/04**      Daytime Phone #

**3054776401**