



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000104371	
1. Entity Name RAMON AGUILAR, P.A.	

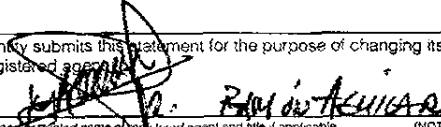
Principal Place of Business 4537 SOUTHWEST 147TH COURT MIAMI, FL 33185	Mailing Address 4537 SOUTHWEST 147TH COURT MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE

	
04192004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-1149030	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 AGUILAR, RAMON 4537 SOUTHWEST 147TH COURT MIAMI, FL 33185	DO NOT WRITE IN THIS SPACE
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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.

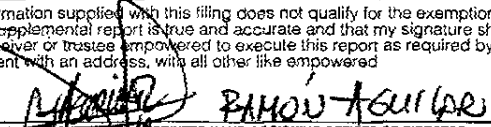
SIGNATURE:  RAMON AGUILAR DATE: 4/20/04

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000124328 04/22/04-80041-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AGUILAR, RAMON 4537 SOUTHWEST 147TH COURT MIAMI, FL 33185	
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:  RAMON AGUILAR DATE: 4/20/04 DAYTIME PHONE: (305) 586-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR