2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90040 042 ***150.00

DOCUMENT # P01000118528

1. Entity Name
LAW OFFICE OF YVETTE B. REYES, P.A.

Principal Place of Business	Mailing Address
2921 S.W. 27TH AVENUE MIAMI, FL 33133	2921 S.W. 27TH AVENUE MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
801 Brickell Avenue	801 Brickell Avenue
Suite, Apt. #, etc. Suite 2220	Suite, Apt. #, etc. Suite 2220
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country U.S.A.	Zip 33131 Country U.S.A

02272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1159257
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, YVETTE
2921 SW 27 AVENUE
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name Yvette B. Reyes
Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Ave
Suite 2220
City MIAMI **FL** Zip Code 33131

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 _____ 2/26/04
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 $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	Yvette Reyes, P	☑ Change ☐ Addition
NAME	REYES, YVETTE B		NAME		
STREET ADDRESS	~~2921 S.W. 27TH AVENUE~~		STREET ADDRESS	801 Brickell Ave, #2220	
CITY-ST-ZIP	~~MIAMI, FL 33133~~		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ 2/26/04 3055485252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #