

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000005011 1. Entity Name MCARDLE, PEREZ, ESCOTO, DE ZENDEGUI & LUACES, P.A.	
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Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1417111	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE STE 702 MIAMI, FL 33134

**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.

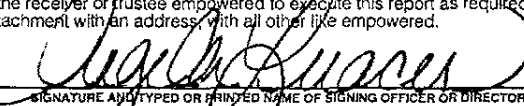
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	U000000058242 02/20/04 00021-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARDLE, GEORGE E 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOTO-CASTIELLO, MARIA I 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZENDEGUI, GUSTAVO 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUACES, ANGELA M 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/16/04 Daytime Phone #: (305) 442-2214