

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90683 045 ***150.00

DOCUMENT # P02000009080

1. Entity Name
ESTRADA & ASSOCIATES, P.A.



Principal Place of Business
3010 NW 13TH ST
MIAMI, FL 33125

Mailing Address
3010 NW 13TH ST
MIAMI, FL 33125

94079356



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0555888

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESTRADA, ROGER A
3010 NW 13TH ST
MIAMI, FL 33125

**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 _____ **DATE** _____
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
NAME	ESTRADA, ROGER A
STREET ADDRESS	3010 NW 13TH ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VPD
NAME	ESTRADA, FATIMA
STREET ADDRESS	3010 NW 13TH ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VPD
NAME	ESTRADA, ROGER
STREET ADDRESS	3010 NW 13TH ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: R. Estrada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

(305) 282 5344
Daytime Phone #