FOR PROFIT CORPORATION

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2. Principal Place of Business 1647 Martina Lake Drive 3. Maining Address 717 E. Oak Street Suite, Apri. et al. Suite, April e		M 1: [1	03 SEP 29 PM 1:			J. M. REYES, P.A.		
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To Name and Address of Current Registered Agent Name Name	dditional	\$8.75 Add	5. Certificate of Status Desired				1 '	· · · · · · · · · · · · · · · · · · ·
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with the obligations of registered agent. SIGNATURE Sumulus, typed or previour name of registered agent and little if applicable. (NOTE: Repeated Agent signature treated when revisitating) DATE January 1: May 1: Fee is \$550.00 After May 1: Fee is \$550.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 0. OFFICERS AND DIRECTORS TITLE D, F, S, T Reyes, Jesus M. SIRETADDRESS CITY-ST-2P 10. OFFICERS AND DIRECTORS TITLE NAME SIRETADDRESS CITY-ST-2P SIRETADDRESS CITY-ST-2P TITLE NAME SIRETADDRESS CITY-ST-2P DO NOT WRITE TITLE NAME SIRETADDRESS CITY-ST-2P TITLE NAME SI). Box Number is Not Acceptable)	Street Address (P.	有相似有地 3000	しきがら 海によった だがり 発発療法 ちしこい		t sweets
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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 the obligations of registered agent. SIGNATURE Signature January 1: May 1 Fee its \$150.00 After May 1, Fee its \$150.00 After May 1, Fee its \$150.00 Amended UBR is \$61.25 Make Check Payable for Drorida Department of State 10. OFFICERS AND DIRECTORS TITLE MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME MAME					Parkantanti da Tara			ing (n. 1865) Marine Marine (n. 1865)
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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 attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF VANING OFFICER OR DIRECTOR SIGNATURE:

Date

Daytime Phone #



SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS . BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA ANDY J. BAUMRUK, CPA

September 24, 2003

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Annual Report

J. M. Reyes, P.A. P02000009895

To Whom It May Concern:

Our client, J. M. Reyes, P.A., was incorporated on January 17, 2002. They did not receive the Annual Report in the mail. This being their first year of existence, they were unaware of the filing requirements to keep their corporation active.

Attached is a completed Annual Report for the year 2003 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

HJS/bh

Enclosures