


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91061 011 ***150.00

DOCUMENT # P02000014425

1. Entity Name
SANDRA I. BERRIOS, P.A.



Principal Place of Business Mailing Address

**10288 NW 9 STREET CIRCLE
 APT. 405
 MIAMI, FL 33172 US** **10288 NW 9 STREET CIRCLE
 APT. 405
 MIAMI, FL 33172 US**

2. Principal Place of Business 3. Mailing Address

7001 SW 87 Ct Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State

Miami FL City & State

Zip Country Zip Country

33173 Dade Zip Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

01-0602796 Not Applicable

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



6. Name and Address of Current Registered Agent

**PEREZ-SIAM, FRANK
 4100 SW 57 AVENUE
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **Perez-Siam, Frank**

Street Address (P.O. Box Number is Not Acceptable)
7001 SW 87th Court

City **Miami** FL Zip Code **33173**

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 NAME STREET ADDRESS CITY - ST - ZIP	D BERRIOS, SANDRA I 10288 NW 9TH STREET CIRCLE MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Sandra Berrios* Date: **4-28-04** Daytime Phone #: **305-273-7978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR