2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P02000024392*** 1. Entity Name MICHAEL F. AMEZAGA, P.A. Principal Place of Business Mailing Address 324 DATURA STREET **324 DATURA STREET** SUITE 200 SUITE 200 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-0995168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMEZAGA, MICHAEL F DO NOT WRITE 324 DATURA STREET SUITE 200 IN THIS SPACE WEST PALM BEACH, FL 33401 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 aignature required when reinstating) 1.000000128129 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/26/04-80027-006 150.00 OFFICERS AND DIRECTORS 10. PST TITLE NAME AMEZAGA, MICHAEL F STREET ADDRESS 324 DATURA STREET, SUITE 200 CITY - ST - ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIF IN THIS SPACE TITLE NAME STREET ADDRESS 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 trusted employee 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 employees.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

FILED