


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90016 049 ***150.00

DOCUMENT # P02000028962	
1. Entity Name ROIG & POWERS, P.A.	

Principal Place of Business 116 SOUTH MELVILLE AVENUE TAMPA, FL 33606	Mailing Address 116 SOUTH MELVILLE AVENUE TAMPA, FL 33606
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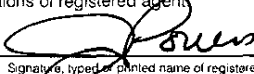
94051852



2. Principal Place of Business 4023 N. Armenia Avenue Suite, Apt. #, etc. Suite 400 City & State Tampa, Florida Zip 33607 Country USA	3. Mailing Address 4023 N. Armenia Avenue Suite, Apt. #, etc. Suite 400 City & State Tampa, Florida Zip 33607 Country USA
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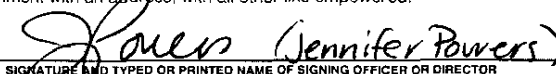
04092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent POWERS, JENNIFER A 116 S MELVILLE AVE TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name Powers, Jennifer A. Street Address (P.O. Box Number is Not Acceptable) 4023 N. Armenia Avenue, Suite 400 City Tampa FL Zip Code 33607	
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  (Jennifer Powers) DATE 4/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ROIG, RICHARDO A 116 S MELVILLE AVE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Roig, Ricardo A. 4023 N. Armenia Avenue, Suite 400 Tampa, Florida 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A POWERS, JENNIFER A 116 S MELVILLE AVE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Powers, Jennifer A. 4023 N. Armenia Avenue, Suite 400 Tampa, Florida 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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:  (Jennifer Powers) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/9/04 DAYTIME PHONE # 813-876-0766