


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000029287  
 1. Entity Name  
 ENRIQUE RUEDA, P.A.



Principal Place of Business  
 9409 FOUNTAINEBLEAU BLVD #101  
 MIAMI, FL 33172

Mailing Address  
 9409 FOUNTAINEBLEAU BLVD #101  
 MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 52-2374093

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 RUEDA, ENRIQUE  
 9409 FOUNTAINEBLEAU BLVD #101  
 MIAMI, FL 33172

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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, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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 RUEDA, ENRIQUE  
 STREET ADDRESS 9409 FOUNTAINEBLEAU BLVD #101  
 CITY-ST-ZIP MIAMI, FL 33172

TITLE VD  
 NAME RUEDA, MARGARTIA  
 STREET ADDRESS 9409 FOUNTAINEBLEAU BLVD #101  
 CITY-ST-ZIP MIAMI, FL 33172

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

U00000128933  
 04/26/04-80059-009 150.00

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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 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 another like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/22/04 (205) 554-1451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR