

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000029834 1. Entity Name SANCHEZ & AFFILIATES, INC.	
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Principal Place of Business 3910 EAST COLUMBUS DR. TAMPA, FL 33558	Mailing Address 3910 EAST COLUMBUS DR. TAMPA, FL 33558
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3028080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HYDE PARK ACCOUNTANTS, PA
 2305 MORRISON AVE.
 TAMPA, FL 33629**

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00**

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	P SANCHEZ, RAMON H 4417 GULFWINDS DR. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ, JULIE A 4417 GULFWINDS DR. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000132162
 04/27/04-80035-017 150.00

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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 its 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:  **4/22/04** **908-0734**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #