


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000030657					
1. Entity Name HECTOR LLEVAT ACCOUNTING SERVICES INC					
Principal Place of Business 1280 SW 142 CT MIAMI FL 33184		Mailing Address 1280 SW 142 CT MIAMI FL 33184			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0437230	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			87.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LLEVAT, HECTOR 1280 SW 142 CT MIAMI FL 33184			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 \$550.00. Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LLEVAT, HECTOR	NAME			
STREET ADDRESS	1280 SW 142 CT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, DORAIDA	NAME			
STREET ADDRESS	1280 SW 142 CT	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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MOORE CR2E034 (11/03)

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CITY-ST-ZIP		CITY-ST-ZIP	

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02/16/04-80030-023 150.00

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: _____ Date: **2/11/04** (305) 79398