

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

03182

FILED

04 JUN -4 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0421502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREDERIC BUZAN

3303 N. Lakeview Drive Su.2115
Tampa, Florida 33618

DO NOT WRITE
IN THIS SPACE

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 Frederic Buzan

7/29/04
DATE

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	P-D
NAME	OCHOA, JORGE
STREET ADDRESS	8703 N. TEMPLE AVE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900037797189
06/03/04--01029--007 ***150.00

DO NOT WRITE
IN THIS SPACE

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: Jorge Ochoa JORGE OCHOA, P-D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 04 81341.2378
Date Daytime Phone #

th

15 Aug 2

May 15, 2004

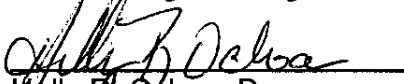
Florida Dept. of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL, 32399-0250

Dear Sirs:

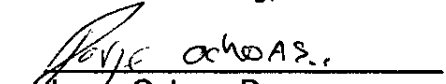
**We did not receive 1st or 2nd notices for our annual reports.
We just acquired a new accountant who informed us that we had to
file our annual reports.**

Sincerely,

Ochoa Billing & Management Services, Inc.


Holly R. Ochoa, Pres.

All Shine Flooring, Inc.


Jorge Ochoa, Pres.