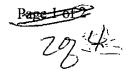
2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000047662



FILED Jan 15, 2004 8:00 A.M.

BONNIE M AN	GUEIRA, CPA, PA				Secr	etary (DI St	ate	
Principal Place of Bus 639 SOUTHWEST 16 PEMBROKE PINES,	S7TH WAY	Mailing Address POST OFFICE BOX 821 PEMBROKE PINES, FL		-1886					
2. Principal Place of	Business	' 3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	,, - ,	-	01152004	Chg-P	CR2E034	i (10/03) _ź	MEL
City & State	- 19-14-14-14-14-14-14-14-14-14-14-14-14-14-	City & State		4. FEI Number 04-3615				olied For Applicable	
Zip	Country	Zip	Cour	ntry		of Status Desired	F	8.75 Add ee Required	
6. N	lame and Address of Current	Registered Agent		Name	7. Name and /	Address of New Ro	egistered Ag	ent	
ANGUEIRA, BO 639 SOUTHWES PEMBROKE PIN	ST 167TH WAY			Street Address	(P.O. Box Number	r is Not Acceptable)	e e e e e e e e e e e e e e e e e e e	
			•	City			FL	Zip Code	3
8. The above named the obligations of	entity submits this statement for egistered agent.	or the purpose of changing its	s register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE	. typed or printed name of registered agent	and little it applicable. (NO	TE: Registers	ad Agent signature require	d when reinstating)		DATE	<u>.</u>	
	NIII FEE IS \$150.00 2004 Fee will be \$550.	9. Election Campa 00 Trust Fund Con	_	ncing \$5	.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	CERS AND D	DIRECTORS	S IN 11
STREET ADDRESS 639 S) JEIRA, BONNIE M CPA SOUTHWEST 167TH WAY BROKE PINES, FL 33027	☐ Delete	. I					□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete			21 01/2	00027 7/040100	63 8 (**15	Addition
TITLE NAME ' STREET ADDRESS CITY-ST-ZIP		☐ Deleta				- 144 - 447		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
indicated on this of the corporation	nat the information supplied wit report or supplemental report in or the receiver or trustee empire attachment with an address,	s true and accurate and that owered to execute this repor with all other like empowered	my signa rt as requ	ature shall have the lired by Chapter 60	same legal effect	as if made under o	path; that I am a appears in I	an officer	or director





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Page 1

Document Number P02000047662 **Business Entity Name** BONNIE M ANGUEIRA, CPA, PA

043615671

FEI Number	043615671	
FEI Number Status	O Applied For O Not A	pplicable 💿 Currei
Certificate of Status D	esired () Yes No \$8.75	each
p	rincipal Place of Busines	·S
Address	2258 SW 132ND AVENUE	,
Suite, Apt. #, etc.		The second secon
City, State	MIRAMAR	FL
Zip Code & Count	ry 33027 US	
	Mailing Address	
Address	POST OFFICE BOX 821886	3
Suite, Apt. #, etc.		
City, State	PEMBROKE PINES	, FL
Zip Code & Count	ry 330821886 US	
Name /	And Address of Registere	d Avent
Name (Last, First, Middle, Tit	_	1
-or- RA Business Name	The state of the s	
	2258 SW 132ND AVENUE	
Address	- 1200,000 102100 AVEITOR	an art mannan an an an hadan at a a a a a a a a a a a a a a a a a
Suite, Apt. #, etc.	And the property of the second	
City, State	MIRAMAR	, FL ·
Zip Code & Country	33027 US	

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Page 2

Document Number P0200047662 Business Entity Name BONNIE M ANGUEIRA, CPA, PA

Election Campaign Financing Trust Fund Contribution () Yes () No

Officer/Director Name And Address

Title	PSTD					
Name (Last, First, Middle, Title)	ANGUEIRA	\	BONNIE	М	СРА	14-4-1-14-14-1
-or- Entity Name	111				and the state of t	
Street Address	2258 SW 1	32ND A	VENUE			
City, State	MIRAMAR			FL		
Zip Code & Country	33027	US	****			
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	Zip Code & Country						
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	Zip Code & Country	-					
	Zip Code & Country	· · · · · · · · · · · · · · · · · · ·					
	O List more than six Officers	/Director	s No add	itional O	fficers	Directe	ors to list
	An individual named a 'Officer/Director Signa allowed in this block.					not	
	Title	PRES		1-		•	
	Officer/Director Signa	ure	72-7-2-1	11	7 _		
						<i></i>	7_
		/Continu	ue Reset		,		

1/7/2004

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