


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P02000047742</b>	
1. Entity Name <b>ENMANUEL AND ASSOCIATES, INC.</b>	

Principal Place of Business <b>3528 W. FLAGLER STREET MIAMI, FL 33135</b>	Mailing Address <b>3528 W. FLAGLER STREET MIAMI, FL 33135</b>
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**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0628301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, MABEL  
11800 S.W. 18TH ST., NO. 327  
MIAMI, FL 33175**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

000000130167  
04/26/04-80108-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, MABEL 11800 S.W. 18TH ST., NO. 327 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUNI, PEDRO A 8886 W. FLAGLER STREET, SUITE 205 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, RENE E 8886 W. FLAGLER STREET, SUITE 205 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/4

(305) 228-8511

Daytime Phone #