


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000071104
1. Entity Name
2701 PRICE, INC.



Principal Place of Business
2701 W PRICE AVE
TAMPA, FL 33611

Mailing Address
2701 W PRICE AVE
TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0001021

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ, JOSEPH L
2522 W KENNEDY BLVD
TAMPA, FL 33609

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 *Mirta Capote* MIRTA CAPOTE Pres. 7-30-04
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
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPOTE, FERMIN
STREET ADDRESS	2701 W PRICE AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	P
NAME	CAPOTE, MIRTA
STREET ADDRESS	2701 W PRICE AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/06/04-80003-017 150.00

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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)(f), 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: *Mirta Capote* MIRTA CAPOTE 7-30-04 813 855 4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #