


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000076156 1. Entity Name VASQUEZ BUJ & ASSOCIATES, INC.	
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Principal Place of Business 15136 SW 108 TERR MIAMI, FL 33196	Mailing Address 15136 SW 108 TERR MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VASQUEZ, AMAURY A 15645 SW 74 CIR DR #12 MIAMI, FL 33193	DO NOT WRITE IN THIS SPACE
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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 reinstalling) DATE _____

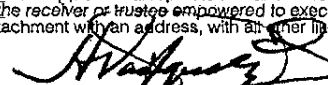
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, AMAURY A 15136 SW 108 TERR MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUJ VASQUEZ, MARIA 15136 SW 108 TERR MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASQUEZ, VIVIAN 15136 SW 108 TERR MIAMI, FL 33196
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80053-011 150.00

**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 line empowered.

SIGNATURE:  **AMAURY VASQUEZ** **4/27/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #