


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000081336**

1. Entity Name  
**AYEL & ROCHEL, INC.**



Principal Place of Business      Mailing Address  
**16400 NW 36 AVE**      **12460 SW 31 TERRACE**  
**MIAMI FL 33054**      **MIAMI FL 33175**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

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

**TRUJILLO, BERTHA A**  
**12460 SW 31 TERRACE**  
**MIAMI FL 33175**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME               | STREET ADDRESS      | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------|-----------------|---------------------------------|
| P     | TRUJILLO, BERTHA A | 12460 SW 31 TERRACE | MIAMI FL 33175  | <input type="checkbox"/>        |
|       |                    |                     |                 | <input type="checkbox"/>        |
|       |                    |                     |                 | <input type="checkbox"/>        |
|       |                    |                     |                 | <input type="checkbox"/>        |
|       |                    |                     |                 | <input type="checkbox"/>        |
|       |                    |                     |                 | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 02/11/04-80053-014 150.00

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:** *Bertha A. Trujillo*      **2/8/04**      **(786) 223-4226**

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