

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081472

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: LOZADA TAX ADVISORY GROUP, INC.

## Current Principal Place of Business:

401 E. LAS OLAS BLVD., STE 1400  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

401 E. LAS OLAS BLVD.  
STE 1400  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

401 E. LAS OLAS BLVD., STE 1400  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

401 E. LAS OLAS BLVD  
STE 1400  
FORT LAUDERDALE, FL 33301

FEI Number: 05-0523469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOZADA, ALIN  
770 NE 69TH ST #2-I  
MIAMI, FL 33138

## Name and Address of New Registered Agent:

LOZADA, ALIN  
401 SW 4TH AVENUE  
SUITE 1605  
FORT LAUDERDALE, FL 33315

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.

SIGNATURE:

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOZADA, ALIN  
Address: 770 NE 69TH ST #2-I  
City-St-Zip: MIAMI, FL 33138

Title: PVST ( ) Delete  
Name: LOZADA, ALIN  
Address: 770 NE 69TH ST #2-I  
City-St-Zip: MIAMI, FL 33138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOZADA, ALIN  
Address: 401 SW 4TH AVENUE SUITE 1605  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: PVST (X) Change ( ) Addition  
Name: LOZADA, ALIN  
Address: 401 SW 4TH AVENUE SUITE 1605  
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIN LOZADA

D

04/08/2004

Electronic Signature of Signing Officer or Director

Date