

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90166 039 \*\*\*150.00

DOCUMENT # P02000085453  
 1. Entity Name  
 ADRIANA CABREJA P.A.



Principal Place of Business: 13767 SW 109 LN, MIAMI, FL 33186  
 Mailing Address: 13767 SW 109 LN, MIAMI, FL 33186

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: 7105 SW 8 ST, Suite, Apt. #, etc. 309  
 City & State: Miami FL  
 Zip: 33144



04282004 Chg-P X CR2E034 (10/03)

4. FEI Number: 30-0100155  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CABREJA, ADRIANA, 13767 SW 109 LN, MIAMI, FL 33186  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: CABREJA, ADRIANA STREET ADDRESS: 13767 SW 109 LN CITY-ST-ZIP: MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Adriana Cabreja 4/28/04 (305)226-3443  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR