

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000094064

1. Entity Name

AZUERO & ASSOCIATES CORP.



Principal Place of Business

24978 SW 128 PATH
MIAMI, FL 33032

Mailing Address

24978 SW 128 PATH
MIAMI, FL 33032



06112004 No Chg-P CR2E034 (10/03)

4. FEI Number

52-2376477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AZUERO, ALEJANDRO
24978 SW 128 PATH
MIAMI, FL 33032

**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

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 P
NAME AZUERO, ALEJANDRO
STREET ADDRESS 24978 SW 128 PATH
CITY-ST-ZIP MIAMI, FL 33032

TITLE V
NAME ORDONEZ, KAREN
STREET ADDRESS 24978 SW 128 PATH
CITY-ST-ZIP MIAMI, FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000162672
06/17/04-80002-015 150.00

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alejandro Azuero 06/14/04 (786) 417 2231