


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90010 001 ***150.00
 08-06-2004 90010 002 ***400.00

DOCUMENT # P02000094116

1. Entity Name
CUEVA & ASSOCIATES, CORPORATION



Principal Place of Business 6103 SW 130 AVE KENDALL, FL 33183	Mailing Address 8981 SW 142 AVE BUILDING 12 APT 111 MIAMI, FL 33186
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66431449



07222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2377894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CUEVA, JUAN C
 6103 SW 130 AVE
 KENDALL, FL 33183**

*8981 SW 142 AVE
 APT. # 12-111
 MIAMI FL 33186*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

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	D CUEVA, JUAN C 6103 SW 130 AVE KENDALL, FL 33183
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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 an other like empowered.

SIGNATURE: *Juan C. Cueva* **JUAN C. CUEVA** *08/02/04* *(305) 382-8357*

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

Attachment



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 22, 2004

CUEVA & ASSOCIATES, CORPORATION
8981 SW 142 AVE
BUILDING 12 APT 111
MIAMI, FL 33186

SUBJECT: CUEVA & ASSOCIATES, CORPORATION
Ref. Number: P02000094116

Upon receipt of your letter and/or check(s) totaling \$550.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

~~Letter Number: 104A00046432~~