

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90106 049 \*\*\*158.75

<b>DOCUMENT # P02000095689</b> 1. Entity Name <b>ACEVEDO MANAGEMENT GROUP, INC.</b>					
Principal Place of Business <b>1521 ALTON ROAD STE 341</b> <b>MIAMI BEACH, FL 33139</b>			Mailing Address <b>1521 ALTON ROAD STE 341</b> <b>MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>3138 COMMODORE PLAZA</b> Suite, Apt. #, etc. <b>303</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33133</b>		3. Mailing Address <b>3138 COMMODORE PLAZA</b> Suite, Apt. #, etc. <b>303</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33133</b>		01272004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>22-3877663</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ACEVEDO, ALVARO B</b> <b>1521 ALTON ROAD STE 341</b> <b>MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <u><i>Alvaro B. Acevedo</i></u> DATE: <u><i>March 1, 2004</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ACEVEDO, ALVARO B 1521 ALTON ROAD STE 341 MIAMI BEACH, FL 33139 <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: <u><i>Alvaro B. Acevedo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>March 1, 2004</i></u> <small>Date    Daytime Phone #</small>		

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