

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000105833

Entity Name
CARLOS M. TORNERO, P.A.



Principal Place of Business
800 CLAUGHTON ISL. DR., STE. 503
MIAMI, FL 33131

Mailing Address
800 CLAUGHTON ISL. DR., STE. 503
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3658019 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORNERO, CARLOS M
800 CLAUGHTON ISL. DR., STE. 503
MIAMI, FL 33131

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I, the above named entity submit 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, consistent with...

1100000092368

03/19/04-80006-007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	TORNERO, CARLOS M
STREET ADDRESS	800 CLAUGHTON ISL. DR., STE. 503
CITY ST ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

*FLORIDA Dept.
of State
Divisions of Corp.
P.O. Box 6198
TALLAHASSEE, FL 32314*

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

TORNERO

1/30/04

Date

786 245 4802

Daytime Phone #