2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000108058

1. Entity Name
A-1 PROVIDER, INC.

Principal Place of Business	Mailing Address
15165 N.W. 77TH AVENUE SUITE #2001 MIAMI, FL 33014	15165 N.W. 77TH AVENUE SUITE #2001 MIAMI, FL 33014

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
32-0045761	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERMUDEZ, CARLOS
16608 NW 72ND CT.
MIAMI, FL 33014

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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**
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	PD	
NAME	BERMUDEZ, CARLOS A	
STREET ADDRESS	16608 NW 72ND CT.	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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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: _____   1/7/04   (305) 827-1177

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