

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # <b>P02000112633</b>				 <b>FILED</b> <b>NOV -4 PM 2:54</b>																																																																																																										
1. Entity Name <b>ANGIE DAZA PA.</b>																																																																																																														
Principal Place of Business <b>5349 NW 112 CT</b> <b>MIAMI FL 33178</b>		Mailing Address <b>5349 NW 112 CT</b> <b>MIAMI FL 33178</b>																																																																																																												
2. Principal Place of Business		3. Mailing Address																																																																																																												
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																												
City & State		City & State																																																																																																												
Zip		Country		4. FEI Number <b>22-3878863</b>																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																										
6. Name and Address of Current Registered Agent <b>ANGIE DAZA</b> <b>5349 NW 112 CT</b> <b>MIAMI FL 33178</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																											
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 <span style="float: right;"><b>10/15/04</b> DATE</span>																																																																																																														
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>DAZA ANGIE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>5349 NW 112 CT</b></td> <td></td> </tr> <tr> <td></td> <td><b>MIAMI FL 33178</b></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>DAZA ANGIE</b>		CITY-ST-ZIP	<b>5349 NW 112 CT</b>			<b>MIAMI FL 33178</b>					TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP						TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			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)(j), 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 <span style="float: right;"><b>10/15/04</b> DATE</span>																																																																																																														

**ANGIE DAZA, P.A.  
5349 NW 112 CT  
Miami, FL 33178**

October 15, 2004

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

REF: ANGIE DAZA, P.A.  
Document#: P02000112633

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
ANGIE DAZA

AD/re