


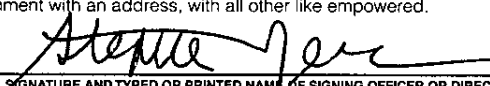
2004

2003 *FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

0128346 AV

04-23-2004 90259 006 ***150.00

DOCUMENT # P02000116442 1. Entity Name STEPHEN PEREZ, EA, PA			
Principal Place of Business 2299 SARNO ROAD MELBOURNE FL 32935		Mailing Address 2299 SARNO ROAD MELBOURNE FL 32935	
2. Principal Place of Business 6970 Big Bend Drive Suite, Apt. #, etc. St Cloud, FL 34771 City & State		3. Mailing Address 6970 Big Bend Drive Suite, Apt. #, etc. ST Cloud, FL 34771 City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PEREZ, STEPHEN 2299 SARNO ROAD MELBOURNE FL 32935		7. Name and Address of New Registered Agent Name Stephen Perez Street Address (P.O. Box Number is Not Acceptable) 6970 Big Bend Drive St Cloud, FL 34771 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PEREZ, STEPHEN 2299 SARNO ROAD MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Perez, Stephen 6970 Big Bend Drive, ST Cloud FL347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/19/04 Daytime Phone # 407-8925243	

CR2ED34 (10/02)