2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000119634

1. Entity Name
LAW OFFICES OF RAUL FLORES, P.A.

Principal Place of Business	Mailing Address
8127 SW 120 ST MIAMI, FL 33156	8127 SW 120 ST MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
30-0129138	Not Applicable

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

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6. Name and Address of Current Registered Agent

FLORES, RAUL ESQ
8127 SW 120 ST
MIAMI, FL 33156

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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

U00000124791
04/22/04--80059--016 158.75

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	FLORES, RAUL	
STREET ADDRESS	8127 SW 120 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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 _Raul Flores_ Raul Flores 4/20/04 (305)255-452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #