

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90342 007 \*\*\*150.00

<b>DOCUMENT # P02000120080</b> 1. Entity Name <b>ALBERTO VASQUEZ ENTERPRISES, INC.</b>					
Principal Place of Business <b>6426 MONTCLAIR BLUFF LANE WINDERMERE, FL 34786 US</b>			Mailing Address <b>7802 KINGSPONTE PARKWAY SUITE #207-B ORLANDO, FL 32819 US</b>		
2. Principal Place of Business <b>7802 Kingspointe Pkwy</b> Suite, Apt. #, etc. <b># 207 - A</b> City & State <b>Orlando FL</b> Zip Country <b>32819 USA</b>		3. Mailing Address Suite, Apt. #, etc. <b># 207-A</b> City & State  Zip Country  			
4. FEI Number <b>02-0631090</b>		Applied For <input type="checkbox"/> Not Applicable		02232004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>J.A.O. SERVICES, INC. 7802 KINGSPONTE PARKWAY SUITE #207-B ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name <b>Alberto Vasquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>6426 Montclair Bluff Lane</b> City <b>Windermere</b> <b>FL</b> Zip Code <b>34786</b>		
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 if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VASQUEZ, ALBERTO</b> <b>6426 MONTCLAIR BLUFF LANE</b> <b>WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	