2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90064 036 ***150.00

DOCUMENT # P03000011085

1. Entity Name
PETROCHE & ASSOCIATES, INC.

004UU&JJ

01132004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~20 W. FLAGLER ST., 11TH FLOOR MIAMI, FL 33130~~	~~20 W. FLAGLER ST., 11TH FLOOR MIAMI, FL 33130~~

2. Principal Place of Business		3. Mailing Address	
4040 W Silver Springs Blvd		4040 W Silver Springs Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ocala Fl		City & State: Ocala Fl	
Zip: 34482	Country: USA	Zip: 34482	Country: USA

4. FEI Number: 82-0584776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE M
~~20 W. FLAGLER ST., 11TH FLOOR~~
~~MIAMI, FL 33130~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 4040 W. Silver Spring Blvd
City: Ocala FL Zip Code: 34482

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LUZCANDO, FERNANDO P		NAME	Fernando Petroche Luzcando
STREET ADDRESS	3028 SW 143 PLACE RD.		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP	
TITLE	VT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE M		NAME	
STREET ADDRESS	3028 SW 143 PLACE RD.		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34473		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #