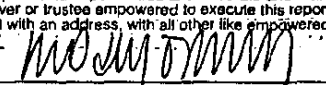


FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90064 036 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000011085			
1. Entity Name PETROCHE & ASSOCIATES, INC.			
Principal Place of Business 28 W. FLAGLER ST., 11TH FLOOR MIAMI, FL 33130		Mailing Address 28 W. FLAGLER ST., 11TH FLOOR MIAMI, FL 33130	
2. Principal Place of Business 4040 N Silver Spring Blvd		3. Mailing Address 4040 N Silver Spring 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 28 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 N 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing ☐ \$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	PS LUZCANDO, FERNANDO P 3028 SW 143 PLACE RD. OCALA, FL 34473 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernando Petroche Luzcando ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, JOSE M 3028 SW 143 PLACE RD. OCALA, FL 34473 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Date 1/16/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	