


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90035 010 \*\*\*158.75

<b>DOCUMENT # P03000012833</b>					
<b>1. Entity Name</b> ANGEL URREGO & ASSOCIATES, INC.					
<b>Principal Place of Business</b> 11500 WESTWOOD BLVD. APT. #1225 ORLANDO, FL 32821			<b>Mailing Address</b> 11500 WESTWOOD BLVD. APT. #1225 ORLANDO, FL 32821		
<b>2. Principal Place of Business</b> 333 University Drive Suite, Apt. #, etc. 338		<b>3. Mailing Address</b> 333 University Drive Suite, Apt. #, etc. 338			
City & State Coral Gables FL		City & State Coral Gables FL			
Zip 33134		Country U.S.A.		Zip 33134	
Country U.S.A.		City Coral Gables			
<b>4. FEI Number</b> 22-3892536					
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> ANGEL, MARIA C 11500 WESTWOOD BLVD. APT. #1225 ORLANDO, FL 32821			<b>7. Name and Address of New Registered Agent</b> Name: ANGEL, MARIA C. Street Address (P.O. Box Number is Not Acceptable) 333 University Drive Ste 338 City: Coral Gables FL Zip Code: 33134		
<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.</b> SIGNATURE: <i>Carola Angel</i> DATE: 03/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD URREGO, JUAN P 11500 WESTWOOD BLVD. #1225 ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANGEL, MARIA C 11500 WESTWOOD BLVD. #1225 ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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>					
<b>SIGNATURE:</b> <i>Carola Angel</i>		03-15-04		305-632-6455	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	