

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-07-2004 90137 013 ***150.00
P03000021303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 26 AM 9:19

34053627



MOORE CR2E034 (11/03)

DOCUMENT # P03000021303 1. Entity Name ECHEGARAY & SON ENTERPRISES INC.			
Principal Place of Business 10929 NE 67 ST MIAMI FL 33178		Mailing Address 10929 NE 67 ST MIAMI FL 33178	
2. Principal Place of Business 10929 NW 67th St.		3. Mailing Address 10929 NW 67th St.	
Suite, Apt. #, etc. DADE		Suite, Apt. #, etc. DADE	
City & State MIAMI FL 33178		City & State MIAMI, FL 33178	
Zip DADE		Zip DADE	
4. FEI Number:		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ECHEGARAY, ROSANNA V 10929 NE 67 ST MIAMI FL 33178 N.W		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: FL Zip Code: _____	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ECHEGARAY, JOSANNA V	TITLE P/S correct	NAME ECHEGARAY, ROSANNA V.
STREET ADDRESS 10929 NE 67 ST	CITY-ST-ZIP MIAMI FL 33178	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	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: R. EcheGARAY		Date: 4/28/04	