## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000027740

TAMPA, FL 33625

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Name: CLAVELL & ASSOCIATES INC.							
Current Principal Place of Business:			New Principal Place of Business:				
8590 NW 3 MIAMI, FL	RD LANE, UN 33126	IT 103					
Current Mailing Address:			New Mailing Address:				
8590 NW 3RD LANE, UNIT 103 MIAMI, FL 33126			P.O. BOX 52-6962 MIAMI, FL 33152 69				
FEI Number:	47-0917537	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired (	)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
CLAVELL, 8590 NW 3 MIAMI, FL	RD LANE, UN	IT 103					
The above in the State	named entity s of Florida.	submits this statement for the pu	irpose of changing it	s registered c	office or registered agent, or	both,	
SIGNATUR							
Election Cam		ic Signature of Registered Ager    Trust Fund Contribution ( ).	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () CLAVELL, JOSE 8590 NW 3RD L MIAMI, FL 3312	ANE, UNIT 103	Title: Name: Address: City-St-Zip:		) Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () CLAVELL, JOSI 8610 MISTY SP TAMPA, FL 336	RINGS CT.	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () CASTRO, CARL 15901 SW 1387 MIAMI, FL 3363	H TERR.	Title: Name: Address: City-St-Zip:	D (X CASTRO, CAR 15893 SW 138 MIAMI, FL 331	TH TER.		
Title: Name: Address:	D () VILLANUEVA, M 14815 REDCLIF		Title: Name: Address:	( )	) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARLOS A. CASTRO 04/29/2004 D