

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039198

Entity Name: ALFONSO JARAMILLO, PA

FILED
Mar 22, 2004
Secretary of State

Current Principal Place of Business:

1000 WEST AVENUE
1514
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1000 WEST AVENUE
1514
MIAMI BEACH, FL 33139 US

FEI Number: 61-1447164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

6770 INDIAN CREEK DRIVE
9E
MIAMI BEACH, FL 33141 US

New Mailing Address:

6770 INDIAN CREEK DRIVE
9E
MIAMI BEACH, FL 33141 US

Name and Address of Current Registered Agent:

HOFFMAN, LEVY, BENGIO & COHEN, PL
2525 N STATE ROAD 7
115
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: JARAMILLO, ALFONSO
Address: 1000 WEST AVENUE, APT. 1514
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: JARAMILLO, ALFONSO
Address: 6770 INDISN CREEK DR, #9E
City-St-Zip: MIAMI BEACH, FL 33141 US

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.

SIGNATURE: ALFONSO JARAMILLO

PRES

03/22/2004

Electronic Signature of Signing Officer or Director

_____ Date