

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90041 005 ***150.00

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1. Entity Name
 JORGE I. ARDURA, P.A.

Principal Place of Business
 6175 NW 153 ST STE 403
 MIAMI LAKES, FL 33014

Mailing Address
 6175 NW 153 ST STE 403
 MIAMI LAKES, FL 33014

94058646



2. Principal Place of Business
 4000 Ponce De Leon Blvd
 Suite, Apt. #, etc.
 Suite 470

3. Mailing Address
 PO Box 531138
 Suite, Apt. #, etc.

04192004 Chg-P CR2E034 (10/03)

City & State
 Coral Gables, FL
 Zip 33146 Country U.S.A

City & State
 Miami, FL
 Zip 33153 Country U.S.A

4. FEI Number
 41-2090500 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARDURA, JORGE I
 6175 NW 153 ST STE 403
 MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent
 Name JORGE I ARDURA
 Street Address (P.O. Box Number is Not Acceptable)
 4000 Ponce De Leon Blvd.
 Suite 470
 City Coral Gables FL Zip Code 33146

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 *Jorge I. Ardura* DATE 4-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME ARDURA, JORGE I	
STREET ADDRESS 6175 NW 153 ST STE 403	
CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JORGE I. ARDURA	
STREET ADDRESS 4000 Ponce De Leon Blvd. Suite 470	
CITY-ST-ZIP CORAL GABLES, FL 33146	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Jorge I. Ardura* DATE 4-19-04 DAYTIME PHONE # 786-522-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #