


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90475 022 ***150.00

DOCUMENT # P03000047018	
1. Entity Name ARNOLD L. FIGUEROA, P.A.	

Principal Place of Business 419 WEST VINE STREET KISSIMMEE, FL 34741	Mailing Address 419 WEST VINE STREET KISSIMMEE, FL 34741
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54053992



2. Principal Place of Business 1121 E VINE ST	3. Mailing Address 1121 E VINE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

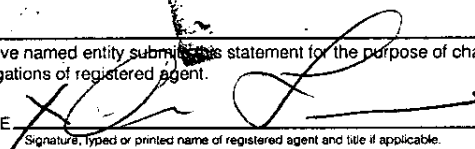
03262004 Chg-P CR2E034 (10/03)

City & State KISSIMMEE, FLORIDA	City & State KISSIMMEE, FL 34744
Zip 34744	Country OSCEOLA
Zip 34744	Country OSCEOLA

4. FEI Number 83-0355355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

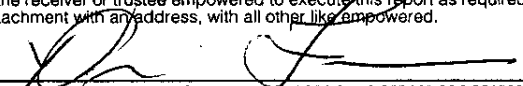
6. Name and Address of Current Registered Agent VILLAZON, DANIEL 419 WEST VINE STREET KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent Name ARNOLD L. FIGUEROA Street Address (P.O. Box Number is Not Acceptable) 1121 E VINE ST City KISSIMMEE FL Zip Code 34744
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 3/27/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/27/04 Daytime Phone # 407-346-1690