


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 19 AM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000051358		
1. Entity Name ALTA FLORIDA, INC.		

Principal Place of Business 1221 BRICKELL AVE #2100 MIAMI, FL 33131	Mailing Address 1221 BRICKELL AVE #2100 MIAMI, FL 33131
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2. Principal Place of Business 999 Ponce De Leon Blvd. Suite 1100 Coral Gables, FL 33134		3. Mailing Address 999 Ponce De Leon Blvd. Suite 1100 Coral Gables, FL 33134	
City & State Coral Gables, FL	City & State Coral Gables, FL	Zip 33134	Country USA



01122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ C/O GREENBERG-TRAURIG, P.A. 1221 BRICKELL AVE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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: SECUNDINO BURGOS DIRECTOR **20.04.04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #