
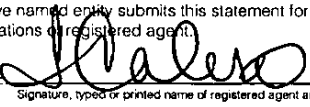
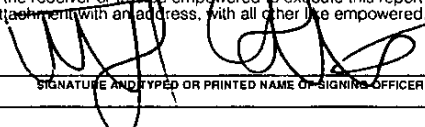


2004 FOR PROFIT CORPORATE ANNUAL REPORT

DOCUMENT # P03000051506 1. Entity Name* LAW OFFICES OF WILFRED CALERO, P.A.						FILED 04 DEC 27 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5575 S. SEMORAN BLVD. SUITE 1 ORLANDO, FL 32822 US				Mailing Address 2734 RAINBOW SPRINGS LANE ORLANDO, FL 32828 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CALERO, TAMARA 2734 RAINBOW SPRINGS LANE ORLANDO, FL 32828				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. File Number 20-0018287			
SIGNATURE 				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P CALERO, WILFRED 2734 RAINBOW SPRINGS LANE ORLANDO, FL 32828				900042187409 10/26/04--01053--028 **\$550.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				900042187409 01/19/05--01044--023 **208.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 fee empowered.				SIGNATURE 			
SIGNATURE:				10/21/04			