


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90043 009 ***150.00

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|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000063270 1. Entity Name YSABEL Y. PEREZ, P.A. |  |
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|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 623 SW 11TH STREET SUITE 17 MIAMI, FL 33129-1040 | Mailing Address 623 SW 11TH STREET SUITE 17 MIAMI, FL 33129-1040 |
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)


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|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 65-1192148 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PEREZ, YSABEL Y
623 SW 11TH STREET
SUITE 17
MIAMI, FL 33129-1040

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IN THIS SPACE**

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:  DATE: 03/29/05

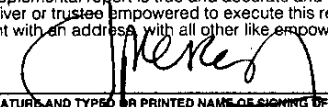
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| | |
|------------------------------------------------|-----------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, YSABEL Y 623 SW 11TH STREET SUITE 17 MIAMI, FL 331291040 |
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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:  DATE: 03/29/05 DAYTIME PHONE: 305.854.7838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR