


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

04-05-2004 90409 050 ***158.75

DOCUMENT # P03000064877	
1. Entity Name JOSE SUAREZ & ASSOCIATES, CORP.	

Principal Place of Business 13318 SOUTHWEST 113TH PLACE MIAMI FL 33176	Mailing Address 13318 SOUTHWEST 113TH PLACE MIAMI FL 33176
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2. Principal Place of Business 13318 SW 113th Pl Suite, Apt. #, etc.	3. Mailing Address 13318 SW 113th Pl Suite, Apt. #, etc.
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City & State Miami, FL Zip 33176 Country USA	City & State Miami, FL Zip 33176 Country USA
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4. FEI Number 20-009027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARI, MANUEL J 250 BIRD ROAD SUITE 200 CORAL GABLES FL 33146	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

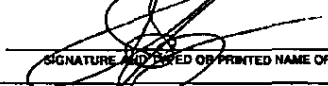
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State	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 PD NAME SUAREZ, JOSE STREET ADDRESS 13318 SOUTHWEST 113TH PLACE CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: 	DATE	Daytime Phone #
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Attachment
66433836

To: Florida Department of State

September 15, 2004

RE: P03000064877

Enclosed is a copy of my annual business report. I sent these forms in along with my check in the month of May 2004. In April 2004 I received your request for my FEI# or EIN#. Unfortunately at the time I was dealing with my father's illness and was very overwhelmed with family problems as well as business came to complete halt. My father passed away on April.13,2004.

I sent my check on time and apologies for the delay for the information you requested from me.

At this time, I would request from the Florida Department of State that the \$400.00 late fee be waved.

I can be reached at 786-488-6664

Thank you for your prompt attention in this matter

Jose H.Suarez