


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90003 032 \*\*\*150.00

<b>DOCUMENT # P03000065627</b>	
1. Entity Name <b>LAW OFFICES OF SUSANA RICE ROQUE, P.A.</b>	

Principal Place of Business <b>25 SE 2ND AVE, SUITE 714 MIAMI, FL 33131</b>	Mailing Address <b>25 SE 2ND AVE, SUITE 714 MIAMI, FL 33131</b>
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**54055969**

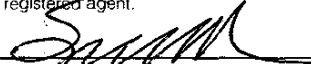
2. Principal Place of Business <b>25 SE 2nd Avenue</b>	3. Mailing Address <b>25 SE 2nd Avenue</b>
Suite, Apt. #, etc. <b>Suite 1242</b>	Suite, Apt. #, etc. <b>Suite 1242</b>
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33131</b>	Country <b>USA</b>

05262004 Chg-P CR2E034 (10/03)

4. FEI Number <b>14-1886338</b>	Applied For <input type="checkbox"/> Not Applicable
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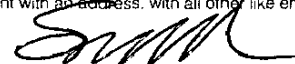
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RICE ROQUE, SUSANA ESQ. 25 SE 2ND AVE, SUITE 714 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Susana Rice Roque</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 SE 2nd Avenue</b> <b>Suite 1242</b> City <b>Miami</b> FL Zip Code <b>33131</b>
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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  <b>President</b>	DATE <b>5-26-04</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS RICE ROQUE, SUSANA ESQ. 5641 SW 59 CT MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST Susana Rice Roque 25 SE 2nd Avenue, Suite 1242 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE ROQUE, SUSANA ESQ. 5641 SW 59 CT MIAMI, FL 33143 <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
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
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
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:  <b>SUSANA RICE ROQUE</b>	DATE <b>5-26-04</b> (305) 374-2177