

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076113

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: AGUDO ARGAMASILLA & ASSOCIATES, P.A.

## Current Principal Place of Business:

5200 S.W. 8 STREET  
SUITE 250  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

499 CORAL WAY  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

5200 S.W. 8 STREET  
SUITE 250  
CORAL GABLES, FL 33134 US

## New Mailing Address:

499 CORAL WAY  
CORAL GABLES, FL 33134 US

FEI Number: 20-0084076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGUDO ARGAMASILLA, KARYL M  
5200 S.W. 8 STREET  
SUITE 250  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

AGUDO ARGAMASILLA, KARYL M  
499 CORAL WAY  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: KARYL AGUDO ARGAMASILLA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: AGUDO ARGAMASILLA, KARYL M  
Address: 5200 S.W. 8 STREET  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: AGUDO ARGAMASILLA, KARYL M  
Address: 499 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARYL AGUDO ARGAMASILLA

DPS

04/30/2004

Electronic Signature of Signing Officer or Director

Date