
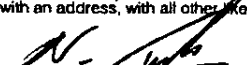


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

04-30-2004 90243 021 ***150.00

DOCUMENT # P03000082246 1. Entity Name NICOLAS CECCARELLI, P.A.																							
Principal Place of Business 5260 NW 109TH AVE. UNIT 103 DORAL, FL 33178			Mailing Address 5260 NW 109TH AVE. UNIT 103 DORAL, FL 33178																				
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
4. FEI Number 04272004				Chg-P CR2E034 (10/03)																			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent CECCARELLI, NICOLAS 5260 NW 109TH AVE. UNIT 103 DORAL, FL 33178			7. Name and Address of New Registered Agent Name 20-0119702 Street Address (P.O. Box Number is Not Acceptable) City FL 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 04/28/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
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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 04/28/04 Daytime Phone # 305 305 9666																			