## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000097799**



## FILED Mar 05, 2004 8:00 am Secretary of State

Principal Place of Business 1572 CANARY ISLAND DRIVE WESTON, FL 33327  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Tip  Country  Country  Tip  Tip  Country  Tip  Tip  Country  Tip  Tip  Country  Tip  Tip  Country  Tip  Tip  Tip  Tip  Tip  Tip  Tip  Ti	Applied For Not Applicable Additional sired
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3022004 Chg-P CR2E034 (10/0  City & State  Country  Zip  Country  5. Certificate of Status Desired  \$8.75 / Fee Requ  7. Name and Address of New Registered Agent  Name  SPIEGEL & UTRERA, P.A.  2410 SW 22ND.ST.  4TH FLOOR MIAMI, FL 33145  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip City  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. 1 am familiar w	Applied For Not Applicable Additional sired
City & State  City & State  City & State  City & State  A. FEI Number 20 - 02 4 3 2 5 2  Zip  Country  Zip  Country  5. Certificate of Status Desired  \$8.75 / Fee Requ  Fee Requ  Name  SPIEGEL & UTRERA, P.A.  1240 SW 22ND.ST.  4TH FLOOR MIAMI, FL 33145  City  City  FL Zip C  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. 1 am familiar w	Applied For Not Applicable Additional irred
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 \ Fee Requ  6. Name and Address of Current Registered Agent Name  SPIEGEL & UTRERA, P.A.  1240 SW 22ND.ST.  4TH FLOOR MIAMI, FL 33145  City FL Zip C  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. 1 am familiar w	Not Applicable Additional irred
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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 w	
	un, and accept
the obligations of registered agent.	
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PSTD □ Delete □ TITLE □ Change	
TITLE PSTD Delete TITLE Change  NAME GALLEGO-CUBILLOS, SONIA D.M.D. NAME  STREET ADDRESS 1572 CANARY ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP	ge 🔲 Addition
TITLE Deleta TITLE Chang	ge 🔲 Addition
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that it 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 certify that I am an office.	

of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Floride 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: Service Holled De Sonia Gallego-Cubillos	03-02-04	(305)439-7534
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR	Date	Daytime Phone #