


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90001 021 \*\*\*150.00

**DOCUMENT # P03000128855**

1. Entity Name  
**MARIA-ELENA INSUA, P.A.**



Principal Place of Business      Mailing Address  
**6426 SW 10 TERR**      **6426 SW 10 TERR**  
**MIAMI, FL 33144**      **MIAMI, FL 33144**

**54072553**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

08272004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

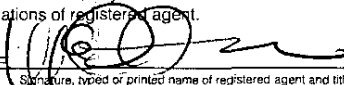
**6. Name and Address of Current Registered Agent**

**INSUA, MARIA-ELENA**  
**6426 SW 10 TERR**  
**MIAMI, FL 33144**

**7. Name and Address of New Registered Agent**

Name  
 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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

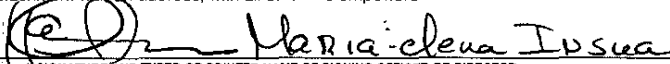
**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>INSUA, MARIA-ELENA</b>	
STREET ADDRESS	<b>6426 SW 10 TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Maria Elena Lozano</b>	
STREET ADDRESS	<b>6426 SW 10 Terr</b>	
CITY-ST-ZIP	<b>Miami, FL 33144</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       **Maria Elena Insua**      **9/2/04**      Date      Daytime Phone #

Attachment

54072553



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 27, 2004

MARIA-ELENA INSUA, P.A.  
6426 SW 10 TERR  
MIAMI, FL 33144

SUBJECT: MARIA-ELENA INSUA, P.A.  
Ref. Number: P03000128855

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts  
Document Specialist

Letter Number: 404A00052338

Attachment

54072553

MARIA-ELENA INSUA, PA

6426 SW 10 TERRACE  
MIAMI, FLORIDA 33144  
PHONE (305) 710-7726  
FAX (305) 267-7726  
meinsua@bellsouth.net

August 18, 2004

DIVISION OF CORPORATIONS  
PO BOX 6198  
TALLAHASSEE, FL 32314-6198

Document Number: P03000128855  
EIN: 770612964

Dear Sir,

Please accept the enclosed check for \$150.00 as my fee for the 2004 Report as I only received the Final Notice and never received any previous notice to pay and this is my first year and was not aware of the deadline date to file.

I Thank You very much..

Sincerely,



Maria-Elena Insua