

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90208 023 ***150.00

DOCUMENT # P03000131707

1. Entity Name
MARCIAL VALDEZ & ASSOC, INC.



Principal Place of Business Mailing Address
1519 15TH LANE **1519 15TH LANE**
GREENACRES, FL 33463-4359 **GREENACRES, FL 33463-4359**



2. Principal Place of Business 3. Mailing Address

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

04292004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

20-0410470 Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, FRANCIS
1519 15TH LANE
GREENACRES, FL 33463-4359

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCIAL, ANEL A	
STREET ADDRESS	1519 15TH LANE	
CITY-ST-ZIP	GREENACRES, FL 334634359	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, FRANCIS	
STREET ADDRESS	1519 15TH LANE	
CITY-ST-ZIP	GREENACRES, FL 334634359	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LOURDES	
STREET ADDRESS	1519 15TH LANE	
CITY-ST-ZIP	GREENACRES, FL 334634359	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDEZ, GLORIA E	
STREET ADDRESS	1519 15TH LANE	
CITY-ST-ZIP	GREENACRES, FL 334634359	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JORGE VOCAL	
STREET ADDRESS	1519 15TH LANE	
CITY-ST-ZIP	GREENACRES, FL 334634359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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: *Marcial Valdez* *Gloria E. Valdez* *4/30/2004* *(786) 337-5429*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #