

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000002708

1. Entity Name  
 ELIOPE M. PAZ, P.A.



Principal Place of Business  
 1111 12TH ST  
 SUITE 110  
 KEY WEST, FL 33040

Mailing Address  
 1111 12TH ST  
 SUITE 110  
 KEY WEST, FL 33040



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0381035                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

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

PAZ, ELIOPE  
 20715 5TH AVE W  
 SUMMERLAND KEY, FL 33042

**DO NOT WRITE IN THIS SPACE**

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

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>PAZ, ELIOPE<br>1111 12TH ST SUITE 110<br>KEY WEST, FL 33040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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 01/26/04-80027-001 150.00

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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: Eliope Paz 1-20-04 305-294-6242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #