


**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90314 031 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P92000002708</b> 1. Entity Name <b>ELIOPE M. PAZ, P.A.</b>	
--	---

Principal Place of Business <b>1111 12TH ST          SUITE 110          KEY WEST, FL 33040</b>	Mailing Address <b>1111 12TH ST          SUITE 110          KEY WEST, FL 33040</b>
---	---

50044070

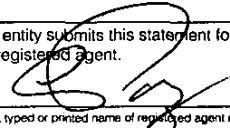


2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04182005 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b> <b>PAZ, ELIOPE</b> <b>20715 5TH AVE W</b> <b>SUMMERLAND KEY, FL 33042</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1111 12TH STREET SUITE 110</b> City <b>KEY WEST</b> <b>FL</b> Zip Code <b>33040</b>
---	---

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  **ELIOPE PAZ** 04-20-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZ, ELIOPE	NAME	
STREET ADDRESS	1111 12TH ST SUITE 110	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  04-20-05 (305) 294-6242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #