2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000015076

Entity Name

MUNIZ & ASSOCIATES, INC.



Principal Place of Business

601 BAYSHORE BLVD.

SUITE 645 TAMPA, FL 33606 U Mailing Address

601 BAYSHORE BLVD. SUITE 645

TAMPA, FL 33606 US

FILED Jul 14, 2008 08:00 AM Secretary of State



	NOT WOITE IN THIS COAC	_ ;	07072008	No Chg-P	CR2E034 (11/05)
U	NOT WRITE IN THIS SPACI	-	4. FEI Number	r	Applied For
			59-3170)416	Not Applicable

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

6. Name and Address of Current Registered Agent -

MUNIZ, JULIO C 601 BAYSHORE BLVD STE 645 TAMPA, FL 33606

SIGNATURE

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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

...

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

Signature, typed or printed name of registered agent and title # applicable

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 NAME MUNIZ, JULIO C 601 BAYSHORE BLVD, SUITE 645 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

000000954640 07/14/08-80009-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/08 (813) 258-0033 Date Daytime Prone #