2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000026066 1. Entity Name

MARISA TINKLER MENDEZ P.A.

Principal Place of Business

901 PONCE DE LEON BLVD **SUITE 304**

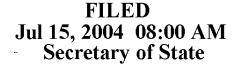
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD

SUITE 304

CORAL GABLES, FL 33134





DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 07132004 No Chg-P

4. FEI Number 65-0408869 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, SERGIO L 901 PONCE DE LEON BLVD

DO NOT WRITE

SUITE 304 CORAL GABLES, FL 33134			IN THIS SPACE			
8. The above the obligati	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE_	Signature, typed or printed name of registered agont and title if	applicable (TIQTE Registored	Agent signature	required when reinstalling)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	ing .	\$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.	ie
10.	ÓFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY - ST - ZIP	PSD MENDEZ, MARISA T 901 PONCE DE LEON BLVD #304 CORAL GABLES, FL 33134					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					!!೧୭ <u>०</u> ००166384 ೧ <mark>7/15/04-80006-015 150.</mark> ()()
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A Profession				-
TITLE NAME STREET ADDRESS	to the second		-	In	ting of the second pulse.	

12. I hereby certify that the information supplied with this filling 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 it 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:

CITY-ST-ZIP