2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000064579 1. Entity Name LIMA & RIOS, P.A.

Principal Place of Business

Mailing Address

8360 WEST FLAGLER ST.

8360 WEST FLAGLER ST. #200

#200 MIAMI, FL 33144

MIAMI, FL 33144

FILED May 03, 2004 08:00 AM Secretary of State



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0457391

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIOS, LUIS O 8360 WEST FLAGLER ST. #200

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33144					
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered o	office or r	egistered agent, or bol	th, in the State of Florida I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	Papplicable (NOTE Registered Ag	ent signaturi	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g \square	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD RIOS, LUIS O 8360 W. FLAGLER ST. #200 MIAMI, FL 33144				
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
HILE NAME STREET ADDRESS CITY - S1 - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

12. Thereby 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 comporation 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 TITI F NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR