


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90005 030 \*\*\*150.00

<b>DOCUMENT # P93000069594</b>	
1. Entity Name <b>A. TOME &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>17 PALMETTO DRIVE MIAMI SPRINGS, FL 33166-5257 US</b>	Mailing Address <b>17 PALMETTO DRIVE MIAMI SPRINGS, FL 33166-5257 US</b>
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2. Principal Place of Business <b>13255 S.W. 137 AVENUE</b>	3. Mailing Address <b>13255 S.W. 137 AVENUE</b>
Suite, Apt. #, etc. <b>201</b>	Suite, Apt. #, etc. <b>201</b>

City & State <b>MIAMI - FL</b>	City & State <b>MIAMI - FL</b>
Zip <b>33186-5327</b>	Zip <b>33186</b>
Country <b>MIAMI DADE-County</b>	Country <b>DADE County</b>

6. Name and Address of Current Registered Agent <b>TOME, ALEJANDRO 17 PALMETTO DRIVE MIAMI SPRINGS, FL 33166</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TOME, ALEJANDRO 17 PALMETTO DRIVE MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TOME, ALEJANDRO 13255 S.W. 137 AVENUE, STE 201 MIAMI - FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/2/04** **302-971-4999**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #