2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000000969

1. Entity Name

PEREZ-ARCHE & ASSOCIATES, ACCOUNTING & TAX PREPARATION, INC.



FILED Mar 24, 2004 08:00 AM Secretary of State

Principal Place of Business

807 S.W. 25TH AVE.

SUITE 201

MIAMI, FL 33135

Mailing Address

807 S.W. 25TH AVE.

SUITE 201

MIAMI, FL 33135



02102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0457538

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PEREZ-ARCHE, MARIO 807 S.W. 25TH AVE. **SUITE 201**

SIGNATURE:

DO NOT WRITE

MIAMI, FL 33135			IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000095203 03/24/04-80022-016	150.00
10.	OFFICERS AND DIREC	CTORS		····· , = ······ .	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-ARCHE, MARIO 807 S.W. 25TH AVE. #201 MIAMI, FL 33135				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 4				game
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						=
TITLE NAME STREET ADDRESS CITY-ST-ZIP					······································	
12. I hereby of indicated of the corchanged,	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empoweree or on an attachment with an address, with all	ing does not qualify for the exen nd accurate and that my signatu to execute this report as require other like empowered.	nption stated are shall have ed by Chap			that the information in officer or director ock 10 or Block 11 if