2005 FOR PROFIT CORPORATION

FILED M

ANNUAL REPORT			1	Apr 29,	2005 08:00 A
DOCUMENT # P94000038538 1. Entity Name DE LA HOZ & ASSOCIATES, P.A.				Secre	etary of State
Principal Place of Business Mailing Addr 304 PALERMO AVE 304 PALER CORAL GABLES, FL 33134 US CORAL GAB	MO AVE	JS			
DO NOT WRITE IN TH		E	04252005 4. FEI Number 65-04884 5. Certificate of	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
DE LA HOZ, JORGE E 304 PALERMO AVE CORAL GABLES, FL 33134	_			NOT WE	
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 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 9. Elect	tion Campaign Financi t Fund Contribution.	ing _ \$5.0	00 May Be		LATE
10. OFFICERS AND DIRECTORS TITLE PV NAME DE LA HOZ, JORGE E STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · ·	U000003 04/29/05-8	342579 30060-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				NOT WE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				

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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

Delattoz

4-25-05

305-448-5585 Daytime Phone #