

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000045448 1. Entity Name RICARDO MORALES-GOMEZ & ASSOCIATES INC.							
Principal Place of Business 2 ALHAMBRA PLAZA SUITE 1050 CORAL GABLES FL 33134 US			Mailing Address 16903 NW 69 AVE HIALEAH FL 33015 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt #, etc.			Suite, Apt #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0502573			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CRUZ, FELIX D 782 N.W. LE JEUNE RD. SUITE 439 MIAMI FL 33126			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 <i>Ricardo Morales-Gomez</i> Signature, typed or printed name of registered agent and title if applicable.			President		DATE 01-23-04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORALES-GOMEZ, RICARDO		NAME	U00000015671			
STREET ADDRESS	16903 N.W. 69TH AVE.		STREET ADDRESS	01/28/04-80024-019 158.75			
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORALES-GOMEZ, MIRTA D		NAME				
STREET ADDRESS	16903 N.W. 69TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				



MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ricardo Morales-Gomez* President 01-23-04 305-446-5055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #