


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

| | |
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| DOCUMENT # P94000061608 |  |
| 1. Entity Name CERVAS & ASSOCIATES, INC. | |

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|--|--|
| Principal Place of Business 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161 | Mailing Address 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161 |
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02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-3290166 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VASQUEZ, CARLOS A.
845 NE 125TH STREET (REAR SUITE)
NORTH MIAMI, FL 33161**

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IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000135484 04/28/04-80062-004 158.75 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VASQUEZ, CARLOS A 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CERCAS, ERNESTO 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD VASQUEZ, PAULA 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 reports 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: Carlos Vasquez **04/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #