


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000344776  
04/30/05-80010-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VASQUEZ, CARLOS A
STREET ADDRESS	845 NE 125TH STREET (REAR SUITE)
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	VD
NAME	CERCAS, ERNESTO
STREET ADDRESS	845 NE 125TH STREET (REAR SUITE)
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	STD
NAME	VASQUEZ, PAULA
STREET ADDRESS	845 NE 125TH STREET (REAR SUITE)
CITY-ST-ZIP	NORTH MIAMI, FL 33161
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)(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:  DATE: 4/29/05 DAYTIME PHONE #: 305 588 8471