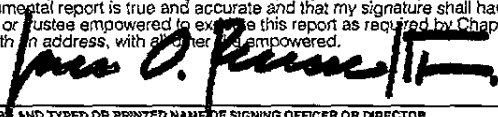


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000018344		
1. Entity Name REVUELTA VEGA LEON P.A.		
Principal Place of Business 2560 SW 27 AVE MIAMI, FL 33133 US		Mailing Address 2560 SW 27 AVE. MIAMI, FL 33133 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIR, HECTOR J 2655 LE JEUNE RD SUITE 1107 CORAL GABLES, FL 33134		
		01062004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0562927
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REVUELTA, LUIS O 2560 SW 27TH AVE MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NESTOR, VEGA 9232 SW 127 AVE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEGISBERTO, LEON J 8701 SW 86 AVE MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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 another person empowered.		
SIGNATURE: 		1/8/04 305-527-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #