## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 26, 2004 08:00 AM **DOCUMENT # P95000066094 Secretary of State** ADVANCE-TECH & ASSOCIATES, INC. Principal Place of Business Mailing Address PO BOX 654921 ADVANCE-TECH & ASSOCIATES AVE. MIAMI, FL 33265 4620 NW 7TH ST MIAMI, FL 33126 CR2E034 (10/03) 01232004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0606464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent CARRAZANA, ROBERTO DO NOT WRITE 4620 NW 7TH ST MIAMI, FL 33126 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulaed when reinstating) ӤѾѾѶѶѾۅҕҕ҉ҙӈь U2/26/04-80018-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CARRAZANA, ROBERTO 13461 SW 23RD ST. STREET ADDRESS. CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP

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