## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 12, 2004 8:00 am Secrétary of State DOCUMENT-# P95000066186 07-12-2004 90026 026 \*\*\*558.75 GOLDMAN, NACCARATO, PATTERSON, VELA & ASSOCIATES, INC. Principal Place of Business . Mailing Address 1570 NW 14 STREET 1570 NW 14 STREET 04061675 MIAMI, FL 33125 US MIAMI, FL 33125 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0603804 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NACCARATO PATTERSON, LARRY Street Address (P.O. Box Number is Not Acceptable) 1570 NW 14 STREET MIAMI, FL 33125 1570 NW KEE Zip-Godg MIAMI 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) 9. Election Campaign Financing FILE NOWI!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **™** Delete TITLE TITLE P۸ **K** Change Addition PATTERSON, LARRY NAME NAME ROSA NACCARATO STREET ADDRESS 1570 NW 14 ST STREET ADDRESS 1570 NW 14 ST. 33125 CITY-ST-ZtP MIAMI, FL 33125 CITY-ST-ZIP ☐ Addition ΔV NACCARATO, ROSA NAME NAME SANDRA GOLDMAN STREET ADDRESS 1570 NW 14 ST STREET ADDRESS IS TO NW 14 ST. CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP MIAMI FA Delete TITLE Addition **4 2** GOLDMAN, SANDRA NAME NAME GUSTAVO VELA STREET ADDRESS 1570 NW 14 ST STREET ADDRESS 1570 NW 14 ST. CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP Delete TITLE ☐ Addition VELA, GUSTAVO NAME NAME GUSTAVO VELA STREET ADDRESS 1570 NW 14 ST STREET ADDRESS MIAMI, FL 33125 TO PI WW OCEL CITY-ST-78P CITY-ST-ZIP F L 33125 □ Change TITLE ☐ Delete TITEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP या व्यास्त्राह्मा : १२० हमा. TITLE ☐ Defete TITLE Change ■ Addition eadric reference NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

ROSA NACCARATO OT/OT/04 305. 545-8434 SIGNATURE