2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 25, 2004 8:00 am DOCUMENT # P96000000984 **Secretary of State** 1. Entity Name 02-25-2004 90039 039 ***150.00 GUILLERMO CUEVAS, P.A. Mailing Address Principal Place of Business 777 EAST 25TH STREET, SUITE 219 HIALEAH FL 33013 777 EAST 25TH STREET, SUITE 219 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address 7100 West 20 ave. rainetto Hedical CR2E034 (11/03) 60 Applied For 4. FEI Number 65-0643742 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Cuevas Guillerno P. Ar Street Address (P.O. Box Number is Not Acceptable) CUEVAS, GUILLERMO P.A. 777 EAST 25TH STREET, SUITE 219 HIALEAH FL 33013 7100 West 20 ave. Suite 601 Zip Code 33016 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete PST TITLE PST TITLE Change Addition Cuevas, Guillermo J. CUEVAS, GUILLERMO NAME NAME TIOO West 20 ave. Suite 601 Hialcan, FLONDA 33016 777 EAST 25TH STREET, SUITE 219 STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like in bowered.

FILED

Daytime Phone #