


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 15 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020326 1. Entity Name JORGE L. ALFONSO PA	
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Principal Place of Business 8821 SW 105 STREET MIAMI, FL 33176	Mailing Address 8821 SW 105 STREET MIAMI, FL 33176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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08192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0641737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALFONSO, JORGE 8821 SW 105 STREET MIAMI, FL 33176	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ALFONSO, JORGE L	NAME	
STREET ADDRESS	8821 SW 105 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STATEMENT 04

600042442026
11/03/04--01048--017 **158.75

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 empowered.

SIGNATURE: *Jorge L. Alfonso* 305 279-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*****IMPORTANT NOTICE*****

You are eligible for a waiver of the \$400 late fee if you did not receive notice of this annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes.

A letter stating this fact must accompany the annual report when it is submitted for filing.

Handwritten calculation:
$$\begin{array}{r} 550.00 \\ - 400 \\ \hline 150 \\ 150.71 \end{array}$$

P96000020326
JORGE L. ALFONSO PA
8821 SW 105 STREET
MIAMI FL 33176

Please waive the \$400. late fee since
notice of the Annual report was not
received by me.

Thank you

Jorge Alfonso.