


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90039 017 ***150.00

DOCUMENT # P96000024040

1. Entity Name
PAOLUCCI AND SANDOVAL CORPORATION



Principal Place of Business 4710 NW 37 AVE MIAMI, FL 33142	Mailing Address 4710 NW 37 AVE MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0822800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

24000534



6. Name and Address of Current Registered Agent

**SMITH, JOSE E CPA
 132 MINORCA AVE
 MIAMI, FL 33134**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, GUILLERMO 4710 NW 37 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDEREZ, JUAN 4710 NW 37 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____