


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90021 044 \*\*\*150.00

DOCUMENT # P96000067581

Entity Name  
**FELIX J. SUBERVI, III, P.A.**



Principal Place of Business  
**15025 MEADOWLAKE STREET  
 ODESSA, FL 33556**

Mailing Address  
**15025 MEADOWLAKE STREET  
 ODESSA, FL 33556**

**54063957**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-3396765**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SUBERVI, FELIX J III  
 15025 MEADOWLAKE STREET  
 ODESSA, FL 33556**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	SUBERVI, FELIX J III	
STREET ADDRESS	15025 MEADOWLAKE STREET	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILAGROS, SUANOI	
STREET ADDRESS	15025 MEADOWLAKE ST.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAGROS SUBERVI	
STREET ADDRESS	15025 MEADOWLAKE ST.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:  **FELIX J. SUBERVI III - President** 7/19/2004 (813) 876-1832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54063957

FELIX J. SUBERVI, III, P.A.  
15025 Meadowlake Street  
Odessa, Fl. 33556

July 2 2004

Florida Department of State  
Division of Corporation  
P.O. Box 6198  
Tallahassee, Fl 32314

RE: Annual Report #P96000067581

Gentlemen:

Enclosed please find our check in the amount of \$150.00 for our Corporate renewal.

Pease be advised that I did not receive the annual renewal report.

Your prompt processing of our Annual report will be greatly appreciated.

Truly yours,

FELIX J. SUBERVI, III, P.A.

Felix Subervi, III  
President