

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087292

FILED
Jan 08, 2004
Secretary of State

Entity Name: GERARDO F. SALCINES, C.P.A., P.A.

Current Principal Place of Business:

2827 SW 18 STREET
MIAMI, FL 33145 US

New Principal Place of Business:

5757 COLLINS AVENUE
#1006
MIAMI BEACH, FL 33140 US

Current Mailing Address:

2827 SW 18 STREET
MIAMI, FL 33145 US

New Mailing Address:

5757 COLLINS AVENUE
#1006
MIAMI BEACH, FL 33140 US

FEI Number: 65-0703874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALCINES, RITA
2827 SW 18 STREET
2827 SW 18 ST
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SALCINES, RITA
5757 COLLINS AVENUE
#1006
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: RITA SALCINES

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALCINES, RITA M
Address: 2827 SW 18TH ST
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALCINES, RITA M
Address: 5757 COLLINS AVENUE #1006
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA SALCINES

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date