2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90024 039 ***150.00

DOCUMENT # P96000087822

1. Entity Name
BETTY BLANCO, P.A.

Principal Place of Business	Mailing Address
1801 CORAL WAY SUITE 408 MIAMI, FL 33145 US	1801 CORAL WAY SUITE 408 MIAMI, FL 33145 US

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2103 Coral Way	2103 Coral Way
Suite, Apt. #, etc. 306	Suite, Apt. #, etc. 306
City & State Miami, FL	City & State Miami, FL.
Zip 33145 Country USA	Zip 33145 Country USA

4. FEI Number 65-0706409 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCO, BETTY
1801 CORAL WAY
SUITE 408
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name Betty Blanco
Street Address (P.O. Box Number is Not Acceptable) 2103 Coral Way, Suite 306
City Miami **FL** Zip Code 33145

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 [signature] 1/5/04
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANCO, BETTY 1801 CORAL WAY SUITE 408 MIAMI, FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Betty Blanco ☒ Change ☐ Addition 2103 Coral Way, Suite 306 Miami, Fl 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 1/4/03 (305) 856 3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #