2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000092944

1. Entity Name

LILLIAM RAJOY & ASSOCIATES, INC.



Principal Place of Business

300 ARAGON AVE.

STE 305

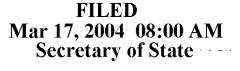
CORAL GABLES, FL 33134

Mailing Address

300 ARAGON AVE.

STE 305

CORAL GABLES, FL 33134





DO NOT WRITE IN THIS SPACE 01062004

4. FEI Number	· 1	Applied For	
65-0820061		Not Applicable	
	¢0.75		

5. Certificate of Status Desired

S8.75 Additional Fee Required

CB2E034 (10/03)

6. Name and Address of Current Registered Agent

RAJOY, LILLIAM 300 ARAGON AVE.. STE 305

SIGNATURE:

CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

No Cha-P

					· · · · · · · · · · · · · · · · · · ·
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable (NOTE, Registered	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		ncing	\$5.00 May Be Added to Fees	U00000091027 03/17/04-80043-010 150 nn	
10.	OFFICERS AND DIREC	CTORS	T		- no nantonia-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RAJOY, LILLIAM 300 ARAGON AVE #305 CORAL GABLES, FL 33134			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAJOY, JOSE 300 ARAGON AVE #305 CORAL GABLES, FL 33134	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the conchanged,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exen and accurate and that my signal if to execute this report as requir other like empowered.	nption stated age shall have ad by Chapt	in Section 119.07(3)(e the same legal effec er 607, Florida Statute). Florida Statutes. I further certify that the information tas if made under cath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if