


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000097526  
 1. Entity Name  
**MANUEL A. BLANCO, P.A.**



Principal Place of Business      Mailing Address  
 1313 PONCE DE LEON BLVD      1313 PONCE DE LEON BLVD  
 SUITE 301                              SUITE 301  
 CORAL GABLES, FL 33134          CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



04212004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0721818</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BLANCO, MANUEL A  
 1313 PONCE DE LEON BLVD  
 SUITE 301  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	D BLANCO, MANUEL A 1313 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134
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 04/23/04-80036-008 150.00

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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: *M. Blanco*      Date: 4/21/04      Daytime Phone #: (305) 446-7822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #