2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000103151

MANUEL L. CRESPO, ATTORNEY AT LAW, P.A.



Principal Place of Business

2701 PONCEDELISONBLVQ SJTE302

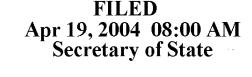
COPAL CABLES FL 33134

Mailing Address

2701 FONCEDELECNELVO

SJTE302

COPAL GABLES FL 33134





DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0723767

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

RAMIREZ, GRACE 2701 PONCE DE LEON BLVD. SUITE 302

DO NOT WRITE

CORAL GABI	LES, FL 33134		Maria Maria III	THIS SPACE	
8. The above nan the obligations	ned entity submits this statement for the pu s of registered agent.	rpose of changing its registere	d office or registered agent, or bo	ith, in the State of Florida. I am familia	r with, and accept
SIGNATURE	ature, typed or printed name of registered agent and fille if a	molicable MOTE Registered	Agent signature required when reinstating)	DATE	
FILE N	IOW!!! FEE IS \$150.00 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		ante.	
10.	OFFICERS AND DIRECT	ÖRS		A Section of the Control of the Cont	TO SHEET STATE
VAME CF STREET ADDRESS 27	/ST RESPO, MANUEL L '01 PONCE DE LEON BLVD., #302 ORAL GABLES, FL 33134	-	Service of the Servic	ر المراقب المر المراقب المراقب	A Comment of the Comm
STREET ADDRESS 27	RESPO, MANUEL L '01 PONCE DE LEON 8LVD., #302 ORAL GABLES, FL 33134		112 8 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en e	3 150.00
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ITLE IAME STREET ADDRESS SITY-ST-ZIP			ÎÑ.	THIS SPACE	- 一位は四年代
ITLE				्रा प्रधानिक वर्षे वर्ष	in the second se

12. I hereby certify that the Information supplied with this kind does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report is trulf and incourage and that my signature shall have the same legal effect as if made under cath; that I am an afficer or director of the corporation or the receiver or trustee empowered in 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 per like empowered.

SIGNATURE: __

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR OF SIGNING OFFICER OR DIRECTOR

4-16-04 305-445-0066 Davtime Phone #