


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90014 023 \*\*\*150.00

**DOCUMENT # P97000039002**

1. Entity Name  
**FRANCIS ROJAS PA**



Principal Place of Business  
**1563 GLEN HAVEN CIR  
 OCOEE, FL 34761**

Mailing Address  
**1563 GLEN HAVEN CIR  
 OCOEE, FL 34761**

**44050103**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**50-3443479**

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

**6. Name and Address of Current Registered Agent**

**ROJAS, FRANCIS  
 1563 GLEN HAVEN CIR  
 OCOEE, FL 34761**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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	PD ROJAS, FRANCIS 1563 GLEN HAVEN CIR OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARVAJAL, ALBA 1563 GLEN HAVEN CIR OCOEE, FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD ROJAS, ALBA 1563 Glenhaven cir Ocoee, FL 34761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment  
44050103

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 8, 2004

FRANCIS ROJAS PA  
1563 GLEN HAVEN CIR  
OCOOEE, FL 34761

SUBJECT: FRANCIS ROJAS PA  
Ref. Number: P97000039002

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

Please attach letter requesting fee abatement.

I certify from the records of this office that Articles of Merger were filed on merging Please attach letter requesting fee abatement. into FRANCIS ROJAS PA, the surviving Florida corporation.

The document number of the surviving corporation is P97000039002.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 904A00043837

Attachment

Doc. # A97000039002  
44050103

Div. of Corporations  
Uniform Bus Report filings  
P.O. Box 1500  
Tallahassee, FL 32303-1500

Dear Sir or Madam:

I apologize for not sending my payment on time. I honestly always wait for my Report on the mail. For some reason this year I did not receive it. I entered internet & pulled it out when I realized I had not mailed to mine m.

Thank you for your understanding with this matter.  
God Bless



Annual Report

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Document Number  
P9700039002  
Business Entity Name  
FRANCIS ROJAS PA

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number   
FEI Number Status  Applied For  Not Applicable  Current  
Certificate of Status Desired  Yes  No

Principal Place of Business

Address   
Suite, Apt. #, etc.   
City, State  ,   
Zip Code & Country

Mailing Address

Address   
Suite, Apt. #, etc.   
City, State  ,   
Zip Code & Country

Name and Address of Registered Agent

Name (Last, First, Middle, Title)    
-or- RA Business Name   
Address   
Suite, Apt. #, etc.   
City, State  ,   
Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature 