


**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P97000041414	
1. Entity Name L. MARTINEZ PERDOMO, P.A.	

Principal Place of Business 1804 S.W. 100 AVENUE MIAMI, FL 33165	Mailing Address 1804 S.W. 100 AVENUE MIAMI, FL 33165
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02262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0751033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PERDOMO, LIDIA 1804 S.W. 100 AVENUE MIAMI, FL 33165
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IN THIS SPACE**

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 <i>Lidia Perdomo</i> <i>Registered Agent</i> 4/10/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME DIRECT ADDRESS CITY ST ZIP	DPS PERDOMO, LIDIA 1804 S.W. 100 AVENUE MIAMI, FL 33165
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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 807, 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: <i>Lidia Perdomo</i> 4/10/04 (305) 266-1058 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>