

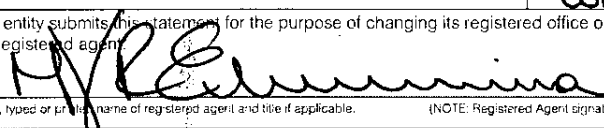
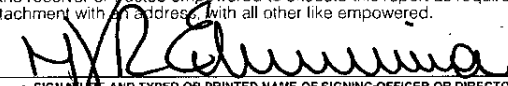


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91004 014 \*\*\*150.00

DOCUMENT # P97000053322					
1. Entity Name RODRIGUEZ-ECHEVERRIA & ASSOCIATES, P.A.					
Principal Place of Business 330 SW 27 AVENUE SUITE 605 MIAMI, FL 33135			Mailing Address 330 SW 27 AVENUE SUITE 605 MIAMI, FL 33135		
2. Principal Place of Business 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL. Zip 33134 Country USA		3. Mailing Address 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL. Zip 33134 Country USA			
				04292004 Chg-P CR2E034 (10/03)	
				4. FEI Number 65-0762327	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ-ECHEVERRIA, M. VICTORIA 330 SW 27 AVENUE SUITE 605 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name M. VICTORIA RODRIGUEZ-ECHEVERRIA Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD. SUITE 600 City CORAL GABLES FL Zip Code 33134		
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: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ-ECHEVERRIA, M. VICTORIA 330 SW 27 AVENUE SUITE 605 MIAMI, FL 33135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ-ECHEVERRIA, M. VICTORIA 2100 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL. 33134
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> M. VICTORIA RODRIGUEZ-ECHEVERRIA			Date: 4/28/04 (305) 541-7400 <small>Daytime Phone #</small>		