

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103188

Entity Name: CECILIA PARRALES PA

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

2539 ROLLING BROOK DR  
ORLANDO, FL 32837

**New Principal Place of Business:**

2539 ROLLING BROAK DR  
ORLANDO, FL 32837

**Current Mailing Address:**

2539 ROLLING BROOK DR  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 59-3480359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARRALES, CECILIA  
2539 ROLLING BROOK DR  
ORLANDO, FL 32837

**Name and Address of New Registered Agent:**

PARRALES, CECILIA  
2539 ROLLING BROAK DR  
ORLANDO, FL 32837

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.

SIGNATURE: CECILIA PARRALES PA

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PARRALES, CECILIA  
Address: 2539 ROLLING BROOK DR  
City-St-Zip: ORLANDO, FL 32837

Title: DV ( ) Delete  
Name: REVERON, WILFREDO  
Address: 2539 ROLLING BROOK DR  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA PARRALES

DP

04/28/2004

Electronic Signature of Signing Officer or Director

Date