


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000040931
 1. Entity Name
MANUEL SANCHEZ, P.A.



Principal Place of Business 5385 W 20TH AVENUE HIALEAH, FL 33012	Mailing Address 5385 W 20TH AVENUE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



07302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0834768	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
SANCHEZ, MANUEL
 5385 WEST 20TH AVENUE
 HIALEAH, FL 33012

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANCHEZ, MANUEL 5385 WEST 20TH AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANCHEZ, CLARA ALICIA 5385 WEST 20TH AVENUE HIALEAH, FL 33012
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 08/25/04-80001-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **MANUEL SANCHEZ** **8/21/04** **305-698-1215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #