


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000061523</b>	
1. Entity Name ANA SANCHEZ PUBLIC RELATIONS, INC.	

Principal Place of Business 6541 SNAPPER CREEK DRIVE MIAMI, FL 33143	Mailing Address 6541 SNAPPER CREEK DRIVE MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE

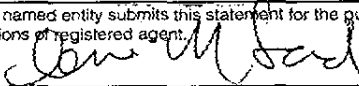


07142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0858290	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, ANA M 6541 SNAPPER CREEK DR. MIAMI, FL 33143	
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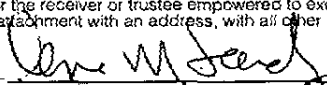
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <u>7/12/04</u>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARACH, TELVA 6541 SNAPPER CREEK DRIVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ANA M 6541 SNAPPER CK DR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/20/04-80006-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: 	DATE <u>7/12/04</u> (805) 243-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	