

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90482 004 ***150.00

DOCUMENT # P98000068299

1. Entity Name
JAIME R. QUEZON, P.A.



Principal Place of Business
**1710 AV REPUBLICA DE CUBA
TAMPA, FL 33605**

Mailing Address
**1710 AV REPUBLICA DE CUBA
TAMPA, FL 33605**

94066147



2. Principal Place of Business
500 E. Kennedy Blvd.

3. Mailing Address
P.O. Box 30

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
58-2410589

Applied For
☐ Not Applicable

Zip
33602

Country
USA

Zip
33601

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUEZON, JAIME R
1710 AV REPUBLICA DE CUBA
TAMPA, FL 33605**

Name
Jaime R. Quezon

Street Address (P.O. Box Number is Not Acceptable)
500 E. Kennedy Blvd., Ste 300

City
Tampa

FL **33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**P
QUEZON, JAIME R
1710 AV REPUBLICA DE CUBA
TAMPA, FL 33605**

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ 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: Jaime R. Quezon **JAIME R. QUEZON,**
PRES

4/22/04 8132447024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

O daytime Phone #