


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000072127  
 1. Entity Name  
 FRANCISCO CLAVIJO, INC.



Principal Place of Business: 8804 NW 109 TERR, HIALEAH, FL 33018  
 Mailing Address: 8804 NW 109 TERR, HIALEAH, FL 33018

**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 65-0875221 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CLAVIJO, FRANCISCO A  
 8804 NW 109 TERR  
 HIALEAH, FL 33018

**DO NOT WRITE IN THIS SPACE**

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**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000122301  
 04/21/04-80024-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLAVIJO, FRANCISCO A
STREET ADDRESS	8804 NW 109 TERR
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Francisco Clavijo Date: 4/18/04 Daytime Phone #: 305-303-9519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR