


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000081316 1. Entity Name CARRILLO, GIMENEZ & CARRILLO, P.A.	
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Principal Place of Business 3663 SW 8TH ST., STE. 214 MIAMI, FL 33135	Mailing Address 3663 SW 8TH ST., STE. 214 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0890013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIMENEZ, ANGEL L 3663 SW 8TH ST., STE. 214 MIAMI, FL 33135

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIMENEZ, ANGEL L 7810 SW 82 AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRILLO, FRANK 251 CRANDON BLVD., 925 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRILLO, JOSE I 6860 SW 128 ST PINECREST, FL 33152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000004902
01/15/04-80032-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>01/09/04</u>	Daytime Phone # <u>305-442-4303</u>
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