2004 FOR PROFIT CORPORATION

Feb 13, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000099815 1. Entity Name CYNTHIA M. RAMOS, P.A. Principal Place of Business Mailing Address ONE SE 3RD AVE SUITE 1450 ONE SE 3RD AVE SUITE 1450 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P 01062004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0883502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMOS, CYNTHIA M DO NOT WRITE ONE SE 3RD AVE SUITE 1450 CORAL GABLES, FL 33134 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE RAMOS, CYNTHIA M NAME ONE SE 3RD AVE SUITE 1450 STREET ADDRESS U00000050156 MIAMI, FL 33131 02/13/04 80052-003 150.00 CITY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 product the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daylime Phone 4

FILED