## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # P9806010088 JAREZ, P.A.	3			Secretary of State
Principal Place 32 NORTH B ORLANDO, FI	UMBY AVE 3	ailing Address 2 NORTH BUMBY AVE RLANDO, FL 32803			
DO NOT WRITE IN THIS SPACE			CE	02022004	No Chg-P
			59-3545482 Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  JUAREZ, LYN P  32 NORTH BUMBY AVE  ORLANDO, FL 32803			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  Signature, kneed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstance)  DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution			ncing \$	5.00 May Be ided to Fees	
10.	OFFICERS AND DIRE	CTORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAREZ, LYN P 32 NORTH BUMBY AVE ORLANDO, FL 32803				U90000141714 U4755 04-80022-003 150.00
TIFLE NAME STREET ADDRESS CITY-ST ZIP					
TITLE NAME STREET AUDRESS CITY: ST. ZIP				_	NOT WRITE
THLE NAME STREET ADDRESS CITY: ST ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP					
TITLE NAME STREET ADDRESS CIEV ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 officer like empowered.					

TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .