

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000103644

1. Entity Name  
EMILIO JOSE AGRENOT, P.A.



**FILED  
Feb 17, 2004 8:00 am  
Secretary of State**

02-17-2004 90017 036 \*\*\*150.00

**54007615**

Principal Place of Business  
15165 NORTHWEST 77TH AVENUE  
SUITE 1008  
MIAMI, FL 33194

Mailing Address

P O BOX 4565  
HIALEAH, FL 33014

2. Principal Place of Business  
15025 NW 77<sup>th</sup> AVE

3. Mailing Address

Suite, Apt. #, etc.  
Suite 113

Suite, Apt. #, etc.

City & State  
Miami Lakes

City & State

Zip 33194

Country Miami-Dade

Zip

Country

4. FEI Number  
65-0882867

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MORAIFIS, GEORGE  
16219 NW 57 AVE  
OPA LOCKA, FL 33055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

PST  
AGRENOT, EMILIO J  
15165 NORTHWEST 77TH AVENUE  
MIAMI, FL 33194

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

EMILIO JOSE AGRENOT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30 2004 (305)556-2816  
Daytime Phone #