


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90030 050 \*\*\*150.00

<b>DOCUMENT # P98000106054</b> 1. Entity Name <b>FLORIDA EXPORT &amp; ASSISTANCE SERVICES, INC.</b>					
Principal Place of Business <b>3710 SW 121 AVE. MIAMI, FL 33175</b>			Mailing Address <b>2821 SW 124 CT MIAMI, FL 33175</b>		
2. Principal Place of Business <b>2821 SW 124 CT</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>MIAMI FL</b>		City & State		4. FEI Number <b>65-0905361</b>	
Zip <b>33175</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AVICH, MARIA A 3710 SW 121 AVE. MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>MARIA A. AVICH</u> (NOTE: Registered Agent's signature required when reinstating) DATE <u>2/20/04</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AVICH, MARIA A 3710 SW 121 AVE. MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, LAZARO 3710 SW 121 AVE. MIAMI, FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Jordan</u> <b>LAZARO JORDAN</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>02/21/04</u> Daytime Phone # <u>305-220-6033</u>		

54011301



02202004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

FL Zip Code

2/20/04

02/21/04 305-220-6033