


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000107694 1. Entity Name 142 GIRALDA CORP.	
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Principal Place of Business 2100 PONCE DE LEON BLVD #601 CORAL GABLES, FL 33134	Mailing Address 2100 PONCE DE LEON BLVD #601 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0895884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARRAFF, JORGE I  
2100 PONCE DE LEON BLVD  
SUITE 601  
MIAMI, FL 33134

**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:  (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

100000095584  
 03/24/04-80039-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMIN, SAIDEN 1643 BRICKELL AVE #205 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAIDEN, SILVIA DE 1643 BRICKELL AVE #2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE NAVARRO, SILVIA 1643 BRICKELL AVE #2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 3/22/04 DAYTIME PHONE #: 305 414-4960

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR