


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 033 ***150.00

DOCUMENT # P99000000724

1. Entity Name
VILA, PADRON & DIAZ, P.A.



Principal Place of Business Mailing Address

ALHAMBRA PLAZA, 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES FL 33134 **ALHAMBRA PLAZA, 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0889813 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

PADRON, CARLOS E
~~2100 SALZEDO ST~~
~~STE 300~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **Carlos E. Padron, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
2 Alhambra Plaza, Suite 860
Coral Gables, FL

City **FL** Zip Code **33134**

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  DATE **1/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PADRON, CARLOS E	
STREET ADDRESS	2100 SALZEDO ST STE 300	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VILA, OSCAR J III	
STREET ADDRESS	2100 SALZEDO ST STE 300	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos E. Padron	
STREET ADDRESS	2 Alhambra Plaza, Suite 860	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar J. Vila, III.	
STREET ADDRESS	2 Alhambra Plaza, Suite 860	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **1/27/04** Daytime Phone # **(305) 461-4888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR