

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000014453
 1. Entity Name
 MARIA ISABEL CADENAS, CPA, P.A.



Principal Place of Business
 1390 S. DIXIE HWY
 SUITE 2108
 MIAMI, FL 33146

Mailing Address
 6619 S. DIXIE HWY., #326
 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0895710 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CADENAS, MARIA I
 1390 S. DIXIE HWY
 SUITE 2108
 MIAMI, FL 33146

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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 _____
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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CADENAS, MARIA I 6619 SOUTH DIXIE HWY #326 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SUAREZ-MARILL, JOSE E 6619 SOUTH DIXIE HWY #326 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CADENAS, MARIA J 6619 SOUTH DIXIE HWY #326 MIAMI, FL 33143
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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: Maria I. Cadenas Date: 01/27/2004 Daytime Phone #: 305-665-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR