


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90506 021 ***150.00

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

2. Principal Place of Business
 1390 S. DIXIE HWY.
 Suite, Apt., #, etc.
 SUITE #2108
 City & State
 CORAL GABLES, FL
 Zip
 33146 Country
 USA

3. Mailing Address
 Suite, Apt., #, etc.
 City & State
 Zip
 Country



04282005 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

7. Name and Address of New Registered Agent
 Name
 CADENAS, MARIA I.
 Street Address (P.O. Box Number is Not Acceptable)
 1390 S. DIXIE HWY.
 SUITE #2108
 City
 CORAL GABLES FL Zip Code
 33146

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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P CADENAS, MARIA I 6619 SOUTH DIXIE HWY #326 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SUAREZ-MARILL, JOSE E 6619 SOUTH DIXIE HWY #326 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JOSE E. SUAREZ-MARILL, VP 4/28/05 (305) 665-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #