## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000023543

FILED Jan 20, 2004 Secretary of State

Entity Nai	me: MARIO L	OAIZA & ASSOCIATES, INC.			•	
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6331 SEDO DAVIE, FL	GEWYCK CIR . 33331 US					
Current Mailing Address:			New Mail	New Mailing Address:		
4474 WES 186 DAVIE, FL	STON ROAD . 33331 US					
	: 65-0903184	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	d Address of	F New Registered Agent:	
LOAIZA, M 6331 SED DAVIE, FL	GEWICK CIRC		6331 SÉD	LOAIZA, MARIO G 6331 SEDGEWICK CIRCLE WEST DAVIE, FL 33331 US		
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	I office or registered agent, or both,	
SIGNATUR	RE: MARIO G	6. LOAIZA		01/20/2004		
	Electron	nic Signature of Registered Ag	jent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LOAIZA, MARIO	ICK CIRCE WEST	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LOAIZA, VIOLE	/ICK CIRCE WEST	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LOAIZA, MARIO	ICK CIRCE WEST	Title: Name: Address: City-St-Zip:	LOAIZA, MAF	EWYCK CIRCLE WEST	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: Citv-St-Zip:	LOAIZA, JEN	EWYCK CIRCLE WEST	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO G. LOAIZA PSTD 01/20/2004