

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052303

FILED
Feb 09, 2004
Secretary of State

Entity Name: ALL-WRITE COURT REPORTING, INC.

Current Principal Place of Business:

18720 W OAKMONT DRIVE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

5190 NW 167TH STREET
111
MIAMI LAKES, FL 33014

New Mailing Address:

5190 NW 167TH STREET
114
MIAMI LAKES, FL 33014

FEI Number: 65-0934897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, JACQUELINE
5190 NW 167TH STREET
SUITE 111
MIAMI LAKES, FL 33014

Name and Address of New Registered Agent:

ALVAREZ, JACQUELINE
5190 NW 167TH STREET
SUITE 114
MIAMI LAKES, FL 33014

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.

SIGNATURE:

02/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, JACQUELINE
Address: 5190 NW 167TH STREET SUITE 111
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALVAREZ, JACQUELINE
Address: 5190 NW 167TH STREET SUITE 114
City-St-Zip: MIAMI LAKES, FL 33014

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: JACQUELINE ALVAREZ

MRS.

02/09/2004

Electronic Signature of Signing Officer or Director

Date