


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91002 030 ***150.00

DOCUMENT # P99000065079	
1. Entity Name TRENCHARD'S AND ASSOCIATES, INC.	

Principal Place of Business 7132 S.W. 152ND COURT MIAMI, FL 33193	Mailing Address 7132 S.W. 152ND COURT MIAMI, FL 33193
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2. Principal Place of Business 1161 Alicante Ave Suite, Apt. #, etc.	3. Mailing Address 1161 Alicante Ave Suite, Apt. #, etc.
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City & State Orlando FL	City & State Orlando FL
Zip 32807	Country USA



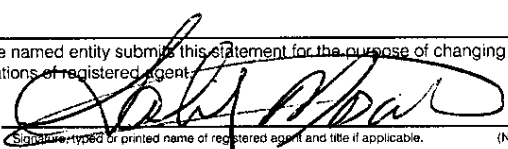
04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0936320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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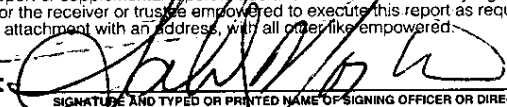
6. Name and Address of Current Registered Agent MORALES-TRENCHARD, SAHILY 7132 S.W. 152ND COURT MIAMI, FL 33193

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1161 Alicante Ave City Orlando FL Zip Code 32807

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 4/29/04 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MORALES-TRENCHARD, SAHILY	TITLE	NAME
STREET ADDRESS 7132 S.W. 152ND COURT	CITY-ST-ZIP MIAMI, FL 33193	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME GONZALEZ, LUIS M	TITLE	NAME
STREET ADDRESS 12995 SW 189TH ST	CITY-ST-ZIP MIAMI, FL 33177	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME TRENCHARD, ROBERT M	TITLE	NAME
STREET ADDRESS 7132 SW 152ND CT	CITY-ST-ZIP MIAMI, FL 33193	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 4/29/04 DAYTIME PHONE 407-277-3234
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