

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 034 \*\*\*150.00  
 08-02-2004 90006 006 \*\*\*400.00

34066045



07122004 No Chg-P CR2E034 (10/03)

**DOCUMENT # P99000067919**  
 1. Entity Name  
**DAVID DE PASS AND ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**7648 SW 105TH PLACE**      **7648 SW 105TH PLACE**  
**MIAMI, FL 33173**      **MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0940997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**DE PASS, DAVID L**  
**7648 SW 105TH PLACE**  
**MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS ~~\$50.00~~ \$50.00**  
**Due by September 8, 2004**

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	D DE PASS, DAVID L 7648 SW 105TH PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PASS, SALLY K 7648 SW 105TH PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: David De Pass **DAVID DE PASS** 7/12/04 305 271-5173  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #