

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-03-2004 90812 001 \*\*\*600.00

**DOCUMENT # P99000087621**

1. Entity Name  
**PILA & ASSOCIATES, P.A.**



Principal Place of Business  
**2525 SOUTHWEST 3 AVENUE  
 SUITE 304  
 MIAMI, FL 33129**

Mailing Address  
**2525 SOUTHWEST 3 AVENUE  
 SUITE 304  
 MIAMI, FL 33129**

**66418061**

2. Principal Place of Business  
**3191 CORAL WAY  
 SUITE 406  
 MIAMI, FL**

3. Mailing Address  
**3191 CORAL WAY  
 SUITE 406  
 MIAMI, FL**

City & State  
**MIAMI, FL**

Country  
**USA**



04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0954949**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PILA, TOMAS A ESQ  
 2525 SW THIRD AVENUE  
 SUITE 304  
 MIAMI, FL 3312**

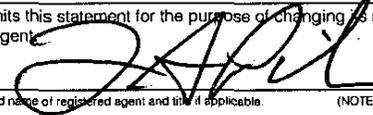
7. Name and Address of New Registered Agent

Name  
**PILA, TOMAS A., ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**3191 CORAL WAY  
 SUITE 406**

City  
**MIAMI** FL Zip Code  
**33145**

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 **4/30/04**

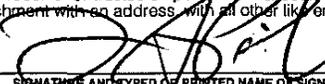
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PSTD PILA, TOMAS A 2525 SOUTHWEST 3 AVENUE SUITE 304 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PILA, TOMAS A 3191 CORAL WAY, SUITE 406 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **TOMAS A. PILA, PRES.** DATE **4/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #