2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# S26547

Entity Name: MASVIDAL PARTNERS, INC.

Current Principal Place of Business:

201 ALHAMBRA CIR
STE 1401
CORAL GABLES, FL 33134 US

New Principal Place of Business:

201 ALHAMBRA CIR
STE 700
CORAL GABLES, FL 33134 US

Current Mailing Address:

P O BOX 141102
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-0243711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASVIDAL, RAUL P
201 ALHAMBRA CIR
STE 1401
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MASVIDAL, RAUL P
201 ALHAMBRA CIR
STE 700
CORAL GABLES, FL 33134 US

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: RAUL P. MASVIDAL 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: MARKS, HENRY E
Address: 201 ALHAMBRA CIR STE 1401
City-St-Zip: CORAL GABLES, FL 33134

Title: M/D ( ) Delete
Name: MASVIDAL, RAUL P
Address: 201 ALHAMBRA CIR STE 1401
City-St-Zip: CORAL GABLES, FL 33134

Title: DST ( ) Delete
Name: MENDOZA, FERNANDO G
Address: 201 ALHAMBRA CIRCLE SUITE 1401
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAUL P. MASVIDAL M/D 04/30/2004
Electronic Signature of Signing Officer or Director Date