

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S56673

1. Entity Name
C. ASSEMBLIES, INC.



Principal Place of Business
2250 NW 102 AVENUE
MIAMI, FL 33166 US

Mailing Address
2250 NW 102 AVENUE
MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0309804

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, ABELARDO
1101 SAN PEDRO AVENUE
CORAL GABLES, FL 33156

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 _____ DATE _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, ABELARDO 1101 SAN PEDRO AVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, LUCILA 1101 SAN PEDRO AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, ALBERT A 1101 SAN PEDRO AVE MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/04-80016-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Abelardo Gomez (ABELARDO GOMEZ) 1/15/04 (305) 477-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #