


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	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
---	---

10. OFFICERS AND DIRECTORS

TITLE P	NAME GOMEZ, ABELARDO
STREET ADDRESS 1101 SAN PEDRO AVE	CITY-ST-ZIP CORAL GABLES, FL 33156
TITLE VP	NAME GOMEZ, LUCILA
STREET ADDRESS 1101 SAN PEDRO AVENUE	CITY-ST-ZIP CORAL GABLES, FL 33156
TITLE VP	NAME GOMEZ, ALBERT A
STREET ADDRESS 1101 SAN PEDRO AVE	CITY-ST-ZIP MIAMI, FL 33156
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)(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 **1/15/04** **(305) 477-0387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR