


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # V29000	
1. Entity Name MASSES-VALERA & ASSOCIATES, P.A.	

Principal Place of Business 13164 S.W. 19 TRR. MIAMI, FL 33175 US	Mailing Address P.O. BOX 14-3111 CORAL GABLES, FL 33114 US
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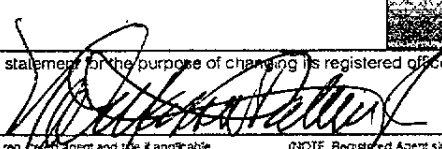
04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0399349	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 MASSES-VALERA, MARIO 13164 SW 19TH TERRACE MIAMI, FL 33175

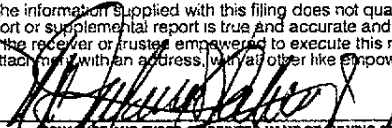
DO NOT WRITE IN THIS SPACE

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.		4/23/2004
SIGNATURE <small>Signature, typed or printed name of reg. agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

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	U000000134384 04/28/04-80017-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSES-VALERA, MARIO 995 S.W. 84TH AVE. # 304 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MASSES-VALERA, MARIO, JR 13164 SW 19TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, when so other like empowered.		M. MASSES-VALERA	4/23/2004	(305) 332-5362
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				