
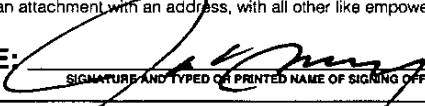


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 046 ***150.00

DOCUMENT # V33521 1. Entity Name JORGE EMILIO VAZQUEZ, PROFESSIONAL ASSOCIATION			
Principal Place of Business 330 S.W. 27TH AVENUE SUITE 501 MIAMI, FL 33135		Mailing Address 330 S.W. 27TH AVENUE SUITE 501 MIAMI, FL 33135	
2. Principal Place of Business 636 BLUE ROAD		3. Mailing Address 636 BLUE ROAD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146		Zip 33146	
Country USA		Country USA	
4. FEI Number 65-0332168		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 VAZQUEZ, JORGE EMILIO 330 S.W. 27TH AVENUE SUITE 501 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name JORGE EMILIO VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 636 BLUE ROAD City CORAL GABLES FL Zip Code 33146	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VAZQUEZ, JORGE EMILIO 330 S.W. 27TH AVE., #501 MIAMI, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, JORGE EMILIO 330 S.W. 27TH AVE., #501 MIAMI, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: 		4-27-05 (305) 321-8107 Date Daytime Phone #	