

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90208 003 \*\*\*150.00

**DOCUMENT # V72449**

1. Entity Name

A. FIORE & ASSOCIATES, INC.



Principal Place of Business

921 SW 122ND AVE  
MIAMI, FL 33184 US

Mailing Address

921 SW 122ND AVE  
MIAMI, FL 33184 US

**44044099**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0363445

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FIORE, ANTONIO  
13721 S.W. 13TH ST.  
MIAMI, FL 33184-2702

**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

Signature, typed or printed name of registered agent and title if applicable.

(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.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIORE, MARIA A 921 SW 127 AVE. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIORE, ANTONIO 921 SW 122 AVE. MIAMI, FL 33184
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**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, with all other like empowered.

**SIGNATURE:**

*[Signature]*

Antonio Fiore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

Date

305  
264 4638

Daytime Phone #