


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90005 033 \*\*\*150.00

**DOCUMENT # P99000000724**

1. Entity Name  
**VILA, PADRON & DIAZ, P.A.**



Principal Place of Business      Mailing Address  
**ALHAMBRA PLAZA, 2 ALHAMBRA PLAZA**      **ALHAMBRA PLAZA, 2 ALHAMBRA PLAZA**  
**SUITE 860**      **SUITE 860**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0889813**      Not Applicable

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**PADRON, CARLOS E**  
~~2100 SALZEDO ST~~  
~~STE 300~~  
~~CORAL GABLES FL 33134~~

**7. Name and Address of New Registered Agent**

Name      **Carlos E. Padron, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**2 Alhambra Plaza, Suite 860**

**Coral Gables, FL**

City      **FL**      Zip Code      **33134**

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 **1/27/04**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	PADRON, CARLOS E	
STREET ADDRESS	<del>2100 SALZEDO ST STE 300</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL 33134</del>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VILA, OSCAR J III	
STREET ADDRESS	<del>2100 SALZEDO ST STE 300</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL 33134</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos E. Padron	
STREET ADDRESS	2 Alhambra Plaza, Suite 860	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar J. Vila, III.	
STREET ADDRESS	2 Alhambra Plaza, Suite 860	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**       Date **1/27/04**      Daytime Phone # **(305) 461-4888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR