

FILED
Mar 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000122817



1. Entity Name
SONIA SIBAJA, M.D., P.A.

Principal Place of Business
**2425 S.W. 147TH AVENUE
 MIAMI, FL 33185**

Mailing Address
**2425 S.W. 147TH AVENUE
 MIAMI, FL 33185**



02282006 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1950009	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

**SIBAJA, SONIA
 2425 S.W. 147TH AVENUE
 MIAMI, FL 33185**

**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 _____ DATE _____
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, 2006 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	PO SIBAJA, SONIA 1120 NW 129 COURT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/15/06-R0056-018 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sonia Sibaja*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06

Date

(305)348 1586

Telephone Number