


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000122817
 1. Entity Name
 SONIA SIBAJA, M.D., P.A.



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

DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1950009	Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD SIBAJA, SONIA 1120 NW 129 COURT MIAMI, FL 33182
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 04/07/08-80040-017 150.00

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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

Date _____ Daytime Phone # _____