

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 039 ***150.00

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04272005 Chg-P CR2E034 (10/03)

DOCUMENT # F55694 1. Entry Name AGUSTIN DE GOYTISOLO, P. A.					
Principal Place of Business APT. SUITE 1205 600 BILTMORE WAY CORAL GABLES, FL 33134-7534 US			Mailing Address APT. SUITE 1205 600 BILTMORE WAY CORAL GABLES, FL 33134-7534 US		
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 59-2143144	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY SUITE 1205 CORAL GABLES, FL 33134-7534			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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, 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	DPTS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE GOYTISOLO, AGUSTIN		NAME	DE GOYTISOLO, AGUSTIN	
STREET ADDRESS	600 BILTMORE WAY, SUITE 1205		STREET ADDRESS	600 BILTMORE WAY, APT. 1205	
CITY-ST-ZIP	CORAL GABLES, FL 331347534		CITY-ST-ZIP		
TITLE	VPAT <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE GOYTISOLO, JOSEFINA G		NAME	600 BILTMORE WAY, APT. 1205	
STREET ADDRESS	600 BILTMORE WAY, SUITE 1205		STREET ADDRESS	1550 MADRUGA AVE, #403	
CITY-ST-ZIP	CORAL GABLES, FL 331347534		CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 04/28/05 Time: 305.447.3412 <small>Date and Time Phone #</small>		