

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90220 036 ***150.00

DOCUMENT # G77971

1. Entity Name

**JUAN A. FIGUEROA, P.A., CERTIFIED PUBLIC
ACCOUNTTANT**



Principal Place of Business

**2701 S- LE JEUNE RD
SUITE 310
CORAL GABLES FL 33134**

Mailing Address

**2701 S- LE JEUNE RD
SUITE 310
CORAL GABLES FL 33134**

60043114



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business
1428 Brickell Avenue

3. Mailing Address
1428 Brickell Avenue

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.
Suite 206

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-2357803

Applied For

Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FIGUEROA, JUAN A.
2701 S LE JEUNE RD
STE 310
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Figueroa, Juan A.

Street Address (P.O. Box Number is Not Acceptable)

1428 Brickell Avenue, Suite 206

City

Miami

FL

Zip Code
33131

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

X 4/18/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 ☐ Delete
NAME **P FIGUEROA, JUAN A**
STREET ADDRESS **2701 S. LE JEUNE ROAD, SUITE 310**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **FIGUEROA, JUAN A.**
STREET ADDRESS **1428 Brickell Avenue, Suite 206**
CITY-ST-ZIP **Miami, FL. 33131**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/18/05 X (305) 448-5844

Date

Daytime Phone #