## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # H73743**

1. Entity Name JORGE A. DUARTE, P.A. Mailing Address

Principal Place of Business

5975 SUNSET DR STE 601

SO MIAMI, FL 33143 US

5975 SUNSET DR STE 601

SO MIAMI, FL 33143 US

No Chg-P

**FILED** 

Jan 08, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

4. FE! Number 59-2577222

01052004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEYFETZ, L, BARRY, ESQ 44 W FLAGLER ST., #2400

SIGNATURE:

## DO NOT WRITE

MIAMI, FL 33130			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	l office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered /	igent signatur	s required whom reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution,	ing 🛘	\$5.00 May Be Added to Fees	
19,	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CSTY-ST-ZIP	PD DUARTE, JORGE A. 5975 SUNSET DR STE 601 SO MIAMI, FL	- · ·			U00000000774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUARTE, JORGE A. 5975 SUNSET DR STE 601 SO MIAMI, FL		_ Last 7.	<del></del>	71.799704-80011-006 150.00
nitle Name Street address City - St - Zip			***.*	DO	NOT WRITE
THTLE MAME STREET ADDRESS GITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	t t veges	**Page-residential control of
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 troe 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 repoil 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.					