2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J75183

1. Entity Name
LAURA DE ONA, P.A.

Principal Place of Business	Mailing Address
75 VALENCIA AVE 2ND FLOOR CORAL GABLES, FL 33145 US	% LAURA DE ONA 75 VALENCIA AVE., 2ND FLR MIAMI, FL 33134 US

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2805643	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAURA DE ONA
75 VALENCIA AVE
2ND FLR
CORAL GABLES, FL 33134

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_____

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐	**$5.00** May Be Added to Fees	U00000187760 01/24/05 00020 019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DE ONA, LAURA
STREET ADDRESS	75 VALENCIA AVE 2ND FLR
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____Laura de Ona____ Laura de Ona____ 01-19-05 _____ (305) 446-0640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #