

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90242 032 \*\*\*150.00

**DOCUMENT # K24108**

1. Entity Name  
**DIANA FIGUEROA, P.A.**



Principal Place of Business  
**1301 W. EAU GALLIE BLVD.  
SUITE 96  
MELBOURNE FL 32935  
US**

Mailing Address  
**1801 SAINO ROAD  
SUITE #1  
MELBOURNE FL 32935  
US**

**20007968**



2. Principal Place of Business  
**1581 Robert J Conlan Blvd NE**

3. Mailing Address  
**1581 Robert J Conlan Blvd**

Suite, Apt. #, etc.  
**The Exchange Suite 107**

Suite, Apt. #, etc.  
**The Exchange Suite 107**

CHECK HERE IF MAKING CHANGES

City & State  
**Palm Bay, FL**

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**Palm Bay, FL**

4. FEI Number **59-2894596**  
Applied For  
Not Applicable

Zip **32905** Country **US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGUEROA, DIANA  
1801 SAINO ROAD  
SUITE #1  
MELBOURNE FL 32935**

Name **Diana Figueroa**  
Street Address (P.O. Box Number is Not Acceptable)  
**1581 Robert J Conlan Blvd NE**  
City **Palm Bay FL** Zip Code **32905**

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 DATE **1-10-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>D FIGUEROA, DIANA</b>
CITY-ST-ZIP	<b>1801 SAINO ROAD SUITE #1 MELBOURNE FL 32935</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Diana Figueroa</b>
CITY-ST-ZIP	<b>1581 Robert J Conlan Blvd The Exchange- Suite 107 Palm Bay, FL 32905</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED** DATE **1-9-03** DAYTIME PHONE # **723-8388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)