


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90296 041 \*\*\*150.00

**DOCUMENT # K25823**  
 1. Entity Name  
**MERCEDES M. DE CUBAS PH.D., P.A.**



Principal Place of Business 7241 SW 63RD AVENUE SUITE 202 S. MIAMI, FL 33143 US	Mailing Address 7241 SW 63RD AVENUE SUITE 202 S. MIAMI, FL 33143 US
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**20042559**

**DO NOT WRITE IN THIS SPACE**



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0058401	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 DE CUBAS, RAUL E.  
 7241 SW 63RD AVENUE  
 SUITE 202  
 S. MIAMI, FL 33143

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

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CUBAS, MERCEDES M. 7241 SW 63RD AVE SUITE 202 S. MIAMI, FL 33143
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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:** *Mercedes M. de Cubas, Ph.D.* **4/18/05** **305 333-7652**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Mercedes M. de Cubas, Ph.D.*