


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90088 024 ***150.00

DOCUMENT # K48241			
1. Entity Name GONZALO R. DORTA, P.A.			
Principal Place of Business 334 MINORCA AVENUE CORAL GABLES FL 33134 US		Mailing Address 334 MINORCA AVENUE CORAL GABLES FL 33134 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DORTA, GONZALO R. 334 MINORCA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Pres, Secretary, Trea. DORTA, GONZALO R. 806 PARMA AVENUE CORAL GABLES FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Trea, Secy, D. Gonzalo R. DORTA 334 Minorca Ave Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-0094451 Applied For Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/06 305-441-2295
Date Daytime Phone #