

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25435

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: GABRIEL M. BUSTAMANTE, P.A.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 810  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 810  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-2640929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSTAMANTE, GABRIEL M.  
201 ALHAMBRA CIRCLE  
SUITE 810  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

BUSTAMANTE, GABRIEL M  
201 ALHAMBRA CIRCLE  
SUITE 810  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL M BUSTAMANTE

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BUSTAMANTE, GABRIEL, M.  
Address: 201 ALHAMBRA CIRCLE, SUITE 810  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BUSTAMANTE, GABRIEL M  
Address: 201 ALHAMBRA CIRCLE, SUITE 810  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL M BUSTAMANTE

P

04/01/2005

Electronic Signature of Signing Officer or Director

Date