

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25435

**FILED**  
**Apr 26, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 810  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1210 PLACETAS AVENUE  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

283 CATALONIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134

**New Mailing Address:**

283 CATALONIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134

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  
1210 PLACETAS AVENUE  
CORAL GABLES, FL 33146 US

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

BUSTAMANTE, GABRIEL M  
283 CATALONIA AVENUE  
SUITE 200  
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:

04/26/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BUSTAMANTE, GABRIEL M  
Address: 1210 PLACETAS AVENUE  
City-St-Zip: CORAL GABLES, FL 33146 US

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

Title: DP (X) Change ( ) Addition  
Name: BUSTAMANTE, GABRIEL M  
Address: 283 CATALONIA AVE, SUITE 200  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DP

04/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date