2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000076420

1. Entity Name
LAW OFFICES OF PASTOR, MONTES, NAVEO, P.A.

Principal Place of Business	Mailing Address
5999 BISCAYNE BLVD.	5999 BISCAYNE BLVD.
MIAMI, FL 33137 US	MIAMI, FL 33137 US

DO NOT WRITE IN THIS SPACE

50020536

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1062201	Not Applicable

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

6. Name and Address of Current Registered Agent

PASTOR, CARLOS
5999 BISCAYNE BLVD
MIAMI, FL 33137

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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_____

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

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	PD
NAME	PASTOR, CARLOS
STREET ADDRESS	5999 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	
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CITY-ST-ZIP	

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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: _____   2/21/05   (305) 758-7774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #