

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90270 026 ***150.00

DOCUMENT # P01000025132

1. Entity Name
LUIS BASAGOITIA, ATTORNEY AT LAW, P.A. *2ND RET
ML DWHITE PEND**



Principal Place of Business

600 N. THACKER AVE
SUITE C-12
KISSIMMEE, FL 34741

Mailing Address

600 N. THACKER AVE
SUITE C-12
KISSIMMEE, FL 34741

20046325



2. Principal Place of Business

1801 E. Colonial Dr.

3. Mailing Address

1801 E. Colonial

Suite, Apt. #, etc.

Ste. 208

Suite, Apt. #, etc.

Ste. 208

04202005

Chg-P

CR2E034 (10/03)

City & State

Orlando FL

City & State

Orlando

4. FEI Number

59-3713339

Applied For

Not Applicable

Zip

32803

Country

U.S.A.

Zip

32803

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASAGOITIA, LUIS ESQUIRE
600 N. THACKER AVE, SUITE C-12
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name

BASAGOITIA LUIS

Street Address (P.O. Box Number is Not Acceptable)

1801 E. Colonial St.

Ste. 208

City

Orlando

FL

Zip Code

32803

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 **DPS** ☐ Delete
NAME **BASAGOITIA, LUIS ESQUIRE**
STREET ADDRESS **600 N. THACKER AVE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1801 E. Colonial Dr. Ste. 208**
CITY-ST-ZIP **Orlando FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

407-541-0704

Date

Daytime Phone #