

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90047 030 ***150.00

DOCUMENT # R01000045912

1. Entity Name

RICARDO ESTRAZULAS, P.A.



Principal Place of Business

1690 CLEVELAND RD
MIAMI BEACH FL 33141

Mailing Address

1690 CLEVELAND RD
MIAMI BEACH FL 33141

2. Principal Place of Business

650 WEST AVE.
Suite, Apt. #, etc. 601

3. Mailing Address

650 WEST AVE
Suite, Apt. #, etc. 601

City & State

MIAMI BEACH FL
Zip 33139 Country USA

City & State

MIAMI BEACH FL
Zip 33139 Country USA

4. FEI Number 65-1098904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTRAZULAS, RICARDO
1690 CLEVELAND RD
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name ESTRAZULAS, RICARDO
Street Address (P.O. Box Number is Not Acceptable)
650 WEST AVE # 601
City Miami Beach FL Zip Code 33139

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ESTRAZULAS, RICARDO
STREET ADDRESS 1690 CLEVELAND RD
CITY-ST-ZIP MIAMI BEACH FL 33141

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
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICARDO ESTRASZULAS 02/16/04 786-493782