

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000002174**

1. Entity Name  
BORBOLLA & LINARES-MORENO, P.A.



**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
9260 SUNSET DRIVE  
SUITE 119  
MIAMI, FL 33173

Mailing Address  
9260 SUNSET DRIVE  
SUITE 119  
MIAMI, FL 33173



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0011887

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MORENO, RAFAEL  
ADORNO & ZEDER, P.A.  
2601 S BAYSHORE DR, SUITE 1600  
MIAMI, FL 33133

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BORBOLLA, ARTURO
STREET ADDRESS	9260 SUNSET DRIVE, SUITE 119
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VSD
NAME	LINARES-MORENO, IVETTE E
STREET ADDRESS	9260 SUNSET DRIVE, SUITE 119
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000022837  
02/02/04-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/27/04