2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90014 027 ***150.00

DOCUMENT # P02000069095

1. Entity Name
CLAUDIA N. STOCKI, P.A.

Principal Place of Business	Mailing Address
7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141

07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 01-0723080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOCKI, CLAUDIA N 7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKI, CLAUDIA N 7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

04047874

CLAUDIA N. STOCKI, P.A.

7441 Wayne Avenue
Unit 9-C
Miami Beach, Florida 33141

Phone: (305) 865-9038

July 1st, 2004

Division Of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Annual Report
Document No. P02000069095

To Whom It May Concern:

Enclosed is the annual report for my corporation, Claudia N. Stocki, P.A. and the payment of $150.00. We never received the initial card to file the annual report by May 1st, since this is my first and only corporation I was waiting for the big forms sent the previous year.

Please reinstate my corporation. Should you have any questions, please feel free to contact me.

Sincerely,

Claudia N. Stocki
Director