

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90191 042 ***150.00

DOCUMENT # P02000074883

1. Entity Name
RON FILLION P.A.



Principal Place of Business
**20210 SW 80TH AVE
MIAMI, FL 33189**

Mailing Address
**20210 SW 80TH AVE
MIAMI, FL 33189**

44047659



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1838071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANLEY J. MANDEL CPA PA
20341 OLD CUTLER RD., STE. A
MIAMI, FL 33189**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILLION, RON 20210 SW 80TH AVE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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.

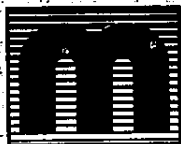
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REC. DURANT 7/4/04



Attachment
44047659
Stanley J. Mandel, CPA, P.A.

Certified Public Accountant

20341 Old Cutler Road, Suite A
Miami, Florida 33189
Telephone: (305) 235-5857
(305) 232-2931
Facsimile: (305) 252-1745

July 06, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Ron Fillion P.A.
Corp # P02000074883

Dear Sirs,

Please find attached the Annual Report and check for payment on the above taxpayer. I have attached all documents for your review.

The taxpayer never received the annual postcard notification for the annual report filing. Thus the company was unaware of the non-filing of the report.

We therefore request that the payment of \$150.00 be accepted and that no late filing fee be assessed.

We appreciated your consideration and attention to this matter.

Sincerely,


Stanley Mandel CPA

Enclosure:
Cc: Ron Fillion P.A.