

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 021 ***150.00

DOCUMENT # P02000132170

1. Entity Name
R N VICIOSO, P.A.



Principal Place of Business
6155 N.W. 186TH
SUITE 212
HIALEAH, FL 33015

Mailing Address
6155 N.W. 186TH
SUITE 212
HIALEAH, FL 33015

2. Principal Place of Business
12851 S.W. 52 St.
Suite, Apt. #, etc.

3. Mailing Address
12851 S.W. 52 St.
Suite, Apt. #, etc.



04132004 Chg-P CR2E034 (10/03)

City & State
Miramar, FL
Zip
33007
Country
USA

City & State
Miramar, Florida
Zip
33007
Country
USA

4. FEI Number
06-1665957
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VICIOSO, RAFAEL N
6155 N.W. 186TH
SUITE 212
HIALEAH, FL 33015
12851 S.W. 52 St.
Miramar, FL 33007

7. Name and Address of New Registered Agent

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 \$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

PD
VICIOSO, RAFAEL N
6155 N.W. 186TH SUITE 212
HIALEAH, FL 33015
Same as above

VD
VICIOSO, CLARA E
6155 N.W. 186TH SUITE 212
HIALEAH, FL 33015
Same as above

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
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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: *Rafael N. Vicioso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-04

Date

786-413-6910

Daytime Phone #