


**FOR PROFIT CORPORATION
UNIFORM BUSINESS-REPORT (UBR)**

**FILED
May 04, 2004 8:00 am
Secretary of State**

05-04-2004 90195 016 ***150.00

DOCUMENT # P03000012979
1. Entity Name
MILAGROS GIBBS P.A.



DO NOT WRITE IN THIS SPACE

24068264

2. Principal Place of Business
216 CANTERBURY COURT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE FL.

City & State

Zip
34758

Country
OSCEOLA

Zip

Country

4. FEI Number
25-1902149

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MILAGROS GIBBS

Street Address (P.O. Box Number is Not Acceptable)
216 CANTERBURY COURT

City
KISSIMMEE FL

Zip Code
34758

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILAGROS GIBBS 216 CANTERBURY KISSIMMEE FL. 34758	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Milagros Gibbs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Declared Phone # _____