

Apr. 27, 2005 6:32PM

No. 2266 P. 2/2

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033018 1. Entity Name 214 PROFESSIONAL INVESTMENT, INC.	
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Principal Place of Business
**510 SW 122 AVENUE
MIAMI, FL 33184**

Mailing Address
**510 SW 122 AVENUE
MIAMI, FL 33184**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E004 (10/03)

4. FEI Number
90-0062034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOREJON, PABLO
510 SW 122 AVENUE
MIAMI, FL 33184**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of designating 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 date of application

(NOTE: Registered Agent signature required when applicable)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

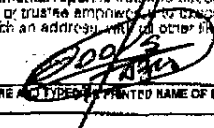
**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MOREJON, PABLO E
STREET ADDRESS	510 SW 122 AVENUE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80080-007 158.75

**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)(c), 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 prepare 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 and all other file empowered.

SIGNATURE: 

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 305-310-3534

Date

Daytime Phone #