

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90161 021 ***150.00

DOCUMENT # P03000044767

1. Entity Name
NORELLA ZUNIGA, P.A.



Principal Place of Business
14819 BRECKNESS PLACE
MIAMI, FL 33016-5

Mailing Address
14819 BRECKNESS PLACE
MIAMI, FL 33016-5

2. Principal Place of Business
14819 BRECKNESS PLACE
Suite, Apt. #, etc.

3. Mailing Address
14819 BRECKNESS PLACE
Suite, Apt. #, etc.



04282004 Chg-P CR2E034 (10/03)

City & State
MIAMI LAKES, FLORIDA
Zip
33016
Country
USA

City & State
MIAMI LAKES, FLORIDA
Zip
33016
Country
USA

4. FEI Number
37-1464928
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZUNIGA, NORELLA P.A.
14819 BRECKNESS PLACE
MIAMI, FL 33016-5

7. Name and Address of New Registered Agent

Name
NORELLA ZUNIGA P.A.
Street Address (P.O. Box Number is Not Acceptable)
14819 BRECKNESS PLACE
City
MIAMI LAKES FL Zip Code
33016

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

4-28-04

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

TITLE
NAME
D ZUNIGA, NORELLA ☐ Delete
STREET ADDRESS
14819 BRECKNESS PLACE
CITY-ST-ZIP
MIAMI, FL 330165

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D NORELLA ZUNIGA P.A. ☒ Change ☐ Addition
STREET ADDRESS
14819 BRECKNESS PLACE
CITY-ST-ZIP
MIAMI LAKES, FL 33016

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 #

4-28-04