


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90053 036 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P03000045486</b>             |  |  |
| 1. Entity Name<br><b>ASTRITH SUA, P.A.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1366 SW 5TH AVENUE<br/>BOCA RATON, FL 33432</b> | Mailing Address<br><b>1366 SW 5TH AVENUE<br/>BOCA RATON, FL 33432</b> |
|---|---|

**66433002**



|                                |         |  |                       |
|--------------------------------|---------|--|-----------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>22232 Woodborn DR</b> |                       |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                            |                       |
| City & State                   |         | City & State<br><b>Boca Raton FL</b>           |                       |
| Zip                            | Country | Zip<br><b>33428</b>                            | Country<br><b>USA</b> |

08162004 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>61-1448562</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>SUA, ASTRITH<br/>1366 SW 5TH AVENUE<br/>BOCA RATON, FL 33432</b> |  | 7. Name and Address of New Registered Agent        |          |
| Name   |  | Name   |          |
| Street Address (P.O. Box Number is Not Acceptable)   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |  | City<br><b>FL</b>                                  | 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  
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                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>SUA, ASTRITH<br/>1366 SW 5TH AVENUE<br/>BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 a power of attorney.

SIGNATURE: *Astrith Sua* 8/16/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*  
J MULLIN TAX SERVICE, INC.

22232 WOODBORN DRIVE  
BOCA RATON, FLORIDA 33428  
561-218-1768

66433002

Aug 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Astrith Sua, P.A.  
Doc.#P03000045486

Dear Sir or Madam:

Please accept the enclosed check of \$150.00 as the filing fee for the above corporation's 2004 Annual Report filing fee.

The above corporation's previous accounting firm never informed the corporate owner that this fee was due and owing to the State of Florida.

We are correcting that problem by having our address listed as the mailing address, so this problem will not occur in the future.

The properly filled out Annual Report form is also enclosed and signed by the corporate representative.

Thank you for your assistance in this matter.

Sincerely,

  
Jaime Mullin, Pres.