

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000060227

**1. Entity Name
SUNNY ISLES COSMETIC SURGERY, P.A.**



**Principal Place of Business
10700 INDIAN TRAIL
FORT LAUDERDALE, FL 33128**

**Mailing Address
10700 INDIAN TRAIL
FT LAUDERDALE, FL 33128**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FCI Number
14-1886428**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**CASTRO, FABIO A MD
10700 INDIAN TRAIL
FT LAUDERDALE, FL 33128**

**DO NOT WRITE
IN THIS SPACE**

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 of agent or individual acting as agent for the corporation.

Signature of Registered Agent or individual acting as agent for the corporation.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
STREET ADDRESS
CITY- ST- ZIP
P
CASTRO, FABIO ARTURO
10700 INDIAN TRAIL
FT LAUDERDALE, FL 33328**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

U000000582707
01/11/07-80044-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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

Jan 8 2007
Date Date of Filing