## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000065427

Entity Name: MAIRELYS R.N., P.A.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6231 SW 158TH CT 16342 SW 62 TERRACE MIAMI, FL 33193 MIAMI, FL 33193

Current Mailing Address: New Mailing Address:

6231 SW 158TH CT 16342 SW 62 TERRACE MIAMI, FL 33193 MIAMI, FL 33193

FEI Number: 03-0520753 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACOSTA, MAIRELYS
6231 SW 158TH CT
6342 SW 62 TERRACE
MIAMI, FL 33193 US
6231 SW 158TH CT
6342 SW 62 TERRACE
6342 SW 62 TERRACE
6342 SW 62 TERRACE
6342 SW 62 TERRACE

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.

SIGNATURE: MAIRELYS ACOSTA 01/17/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

() Delete

( ) Delete

## **OFFICERS AND DIRECTORS:**

ACOSTA, MAIRELYS

6231 SW 158TH CT

MIAMI, FL 33193

ACOSTA, MARIO A

6231 SW 158TH CT

MIAMI, FL 33193

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACOSTA, MAIRELYS
Address: 16342 SW 62 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: V (X) Change ( ) Addition

 Name:
 ACOSTA, MARIO A

 Address:
 16342 SW 62 TERRACE

 City-St-Zip:
 MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIRELYS ACOSTA P 01/17/2005