

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000100933

1. Entity Name

THE LAW OFFICE OF ZOILA PIMENTEL, P.A.



Principal Place of Business

747 PONCE DE LEON BLVD.
SUITE 408
CORAL GABLES, FL 33134

Mailing Address

747 PONCE DE LEON BLVD.
SUITE 408
CORAL GABLES, FL 33134

\$158.75



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CRZE034 (11/05)

4. FEI Number

20-0949550

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIMENTEL, ZOILA
747 PONCE DE LEON BLVD
SUITE 408
CORAL GABLES, FL 33134

**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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PRES

NAME

PIMENTEL, ZOILA

STREET ADDRESS

747 PONCE DE LEON BLVD., SUITE 408

CITY-ST-ZIP

CORAL GABLES, FL 33134

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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02/18/06-80027-021 158.75

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 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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

1-13-06

Date

786-326-0791

Daytime Phone #