

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90037 005 ***150.00

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1. Entity Name
BORROTO ARCHITECT PROFESSIONAL ASSOCIATION



Principal Place of Business
**240 CRANDON BLVD SUITE 167
KEY BISCAYNE, FL 33149**

Mailing Address
**2730 S.W. 3RD AVE.
SUITE 600
MIAMI, FL 33129**



2. Principal Place of Business

Suite, Apt. #, etc.
600

City & State
Miami, Florida

Zip
33129

Country
Dade

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1698568**
APPLIED FOR

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

6. Name and Address of Current Registered Agent

**BORROTO, WILFREDO
240 CRANDON BLVD SUITE 167
KEY BISCAYNE, FL 33149
2730 SW 3rd Ave. #600
Miami, Florida 33149**

7. Name and Address of New Registered Agent

Name
"Street" Address (P.O. Box Number is Not Acceptable)
City **FL** 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BORROTO, WILFREDO**
STREET ADDRESS **240 CRANDON BLVD SUITE 167**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME **2730 SW 3rd Ave.**
STREET ADDRESS **#600**
CITY-ST-ZIP **Miami, Florida 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied in 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

WILFREDO BORROTO

Date

4-4-5

Daytime Phone #

305-858-0565