

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90274 048 ***150.00

DOCUMENT # P03000128000

1. Entity Name
NORMA BARAJAS, O.D., P.A.



Principal Place of Business
**7325 S.W. 26TH COURT
DAVIE, FL 33314**

Mailing Address
**7325 S.W. 26TH COURT
DAVIE, FL 33314**

94076703

2. Principal Place of Business
16428 Ruby Lake
Suite, Apt. #, etc.

3. Mailing Address
16428 Ruby Lake
Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State
DAVIE FL
Zip
33331
Country
USA
BROWARD

City & State
DAVIE FL
Zip
33331
Country
USA

4. FEI Number
90-0119809
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARAJAS, NORMA
7325 S.W. 26TH COURT
DAVIE, FL 33314**

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 *Norma Barajas* **NORMA BARAJAS** 4/26/04
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
After May 1, 2004 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	D BARAJAS, NORMA 7325 S.W. 26TH COURT DAVIE, FL 33314	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. NORMA BARAJAS 16428 RUBY LAKE DAVIE, FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Norma Barajas* **NORMA BARAJAS** 4/26/04 5408450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #