

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90050 044 ***150.00

DOCUMENT # P04000002882

1. Entity Name
JOANNA E. IGLESIAS, P.A.



Principal Place of Business

2500 S BISCAYNE BLVE
SUITE 2500
MIAMI, FL 33131-5340

Mailing Address

2500 S BISCAYNE BLVE
SUITE 2500
MIAMI, FL 33131-5340

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-0585280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, JOANNA
200 SOUTH BISCAYNE BLVD SUITE 2500
MIAMI, FL 33131-5340

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
DPST
IGLESIAS, JOANNA E
200 S BISCAYNE BLVD SUITE 2500
MIAMI, FL 331315340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanna Iglesias Joanna Iglesias 2/11/07 305-374-7580