

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005866

Entity Name: MICHELLE BURGOS, P.A.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

2225 WEST 60 STREET, UNIT 303
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

2225 WEST 60 STREET, UNIT 303
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 20-0597071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGOS, MICHELLE
2225 WEST 60 STREET, UNIT 303
HIALEAH GARDENS, FL 33016

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: BURGOS, MICHELLE
Address: 2225 WEST 60 STREET, UNIT 303
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: ST () Delete
Name: BURGOS, MICHELLE
Address: 2225 WEST 60 STREET, UNIT 303
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MBURGOS

PVP

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date