

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90555 036 ***158.75

DOCUMENT # P04000017346

1. Entity Name
BOTANA ACCOUNTING & ASSOCIATES, INC.



Principal Place of Business
**8754 SOUTHWEST 8TH STREET
MIAMI, FL 33174**

Mailing Address
**8754 SOUTHWEST 8TH STREET
MIAMI, FL 33174**

14015315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0651951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOTANA, NORMA
8754 SOUTHWEST 8TH STREET
MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name **Teddy Botana**

Street Address (P.O. Box Number is Not Acceptable)

8754 SW 8th Street

City **Miami**

FL

Zip Code **33174**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/05

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 **PSTD** ☒ Delete
NAME **BOTANA, NORMA**
STREET ADDRESS **8754 SOUTHWEST 8TH STREET**
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☒ Addition
NAME **Teddy Botana**
STREET ADDRESS **8754 SW 8th St**
CITY-ST-ZIP **MIAMI, FL 33174**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 305-553-4333

Date

Daytime Phone #