## 2005 FOR PROFIT CORPORATION

## Jul 26, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000024123** 07-26-2005 90026 038 \*\*\*150.00 HUMBERTO C. MACHADO, JR. M.D.P.A. Principal Place of Business Mailing Address § 50057663 173 SOUTH SHORE DRIVE 173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192005 CR2E034 (10/03) Chg-P City & State City & State 4. FÉI Number Applied For 200665740 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUERST, MITCHELL S ESQ. Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ O'DONNELL ROSS FUERST, P.C. 1001 BRICKELL BAY DRIVE, SUITE 1804 MIAMI, FL 33131 City 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ■ Addition TITLE MACHADO, HUMBERTO C JR MD NAME NAME 173 SOUTH SHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

all re SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 924 9921

**FILED** 

## ATTACHMENT

50057663 #PO400004123

TO: FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

P.O.BOX 6327

TALLAHASSEE, FLORIDA 32314

FROM: HUMBERTO C. MACHADO

173 SOUTH SHORE DRIVE COCNUT GROVE, 33133

TO WHOM IT MAY CONCERN REGARDING Profit Annual Report

I Humberto C. Machado to the best of my knowledge did not receive the annual report notice for the corporation. I would have made the payment in a timely manner. I am sending a check for \$150.00 dollars along with the annual report form. Any question please feel free to reach me at the above address or e-mail me at machadoh@bellsouth.net.

Thank you

Humberto C. Machado