

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-23-2005 90003 042 \*\*\*550.00  
P04000045167

DOCUMENT # P04000045167

1. Entity Name  
DENNIS V. CARVAJAL, P.A.



**FILED**  
**Oct 03, 2005 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
600 MARQUESA DRIVE  
CORAL GABLES, FL 33156

Mailing Address  
C/O ATER REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, SUITE 600  
COCONUT GROVE, FL 33133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

20-0856438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATER REGISTERED AGENTS, L.L.C.  
2601 SOUTH BAYSHORE DRIVE  
SUITE 600  
COCONUT GROVE, FL 33133

Name ESTRELLA + DIAZ-LEYVA, P.A.

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

1321 ALTON ROAD

City MIAMI BEACH

FL

Zip Code 33139

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.

DANIEL S. DIAZ-LEYVA

(NOTE: Registered Agent signature required when reconstituting)

5/6/05

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
CARVAJAL, DENNIS V  
600 MARQUESA DRIVE  
CORAL GABLES, FL 33156 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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: Dennis V. Carvajal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/05

DATE

786-255-3334

Daytime Phone



SEP-30-2005 FRI 01:04 PM Shelton & Associates

FAX NO. 3056666674

P. 01/01

**DENNIS V. CARVAJAL, P.A.**

600 MARQUESA DRIVE

CORAL GABLES, FLORIDA

September 30, 2005

**Via Facsimile (850) 245.6017**

Attn: Eula

Department of State

Division of Corporations

Corporate Filings

P.O. Box 6327

Tallahassee, Florida 32314

RE: Dennis V. Carvajal, P.A., a Florida professional association

Document # P04000045167

To Whom It May Concern:

Please allow this letter to serve as confirmation that I never received any notice whatsoever that my 2005 For Profit Corporation Reinstatement form was improperly filed for failure to include the corporation's Federal Employee Identification Number. Accordingly, I request that you waive the late filing fee and simply apply the amount already deposited with the Department for use in filing my corporation's Reinstatement.

Below, please find my FEI Number for incorporation into the Reinstatement form to comply with filing procedures.

  
**20-856438**

If you have any further questions or concerns, please do not hesitate to contact me. Thank you for your cooperation.

Sincerely

Dennis V. Carvajal

