

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 050 ***150.00

DOCUMENT # P04000119515

1. Entity Name

CONSTANZA LINA PROFETA, P.A.



Principal Place of Business

10556 NW 26 STREET
SUITE D101
DORAL, FL 33172 US

Mailing Address

10556 NW 26 STREET
SUITE D101
DORAL, FL 33172 US

DO NOT WRITE IN THIS SPACE

4011000000



05212007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1591722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CABANAS & ASSOCIATES, P.A.
10520 NW 26 STREET
C 201
DORAL, FL 33172

**DO NOT WRITE
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PROFETA, CONSTANZA L PD
STREET ADDRESS 10556 NW 26 STREET SUITE D 101
CITY-ST-ZIP DORAL, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

05/21/07 (305) 6298191

Date

Daytime Phone #