


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000152504		
1. Entity Name MARIA CASTILLEJA P.A.		
Principal Place of Business 10200 NW 44 TERRACE MIAMI, FL 33178	Mailing Address 10200 NW 44 TERRACE MIAMI, FL 33178	



06132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3803815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASTILLEJA, MARIA MRS. 10200 NW 44 TERRACE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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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)

U00000567403
06/19/06-80008-024 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLEJA, MARIA MRS. 10200 NW 44 TERRACE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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

MARIA CASTILLEJA

06.14.06

Date

Daytime Phone #