

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # PD6D000082666

1. Entity Name

Diana Llanes, P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

7961 N.W. 113PL

3. Mailing Address

7961 N.W. 113PL

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

Miami, FL

City & State  
33178

City & State  
Miami, FL

Zip  
33178

Country  
U.S.

Zip  
33178

Country  
U.S.

4. FEI Number

205076540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Diana Llanes

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

7961 N.W. 113PL

City  
Miami

FL

Zip Code  
33178

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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

*Diana Llanes*

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

(NOTE: Registered Agent signature required when re-instating)

5/13/2011

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

dianallanes@comcast.net

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P Diana Llanes  
STREET ADDRESS  
7961 N.W. 113PL  
CITY-ST-ZIP  
Miami, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817-155 F.S.

SIGNATURE:

*Diana Llanes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/2011 (305) 494-5052

DATE

Daytime Phone #

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800207473438  
05/10/11--01011--016 \*\*150.00

6/1/11