

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90031 005 ***150.00

DOCUMENT # P07000016168

1. Entity Name

MONICA COSTA-MORENO, A.P., P.A.



Principal Place of Business

5545 SW 8TH ST., STE. 107
CORAL GABLES FL 33134

Mailing Address

5545 SW 8TH ST., STE. 107
CORAL GABLES FL 33134

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

3727 SW 8 Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

Zip

33134

Country

U.S.

Zip

Country

4. FEI Number

35-2289494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

DIERENFELDT-TROY, SUSAN
10661 N. KENDALL DR., STE. 223
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

MONICA COSTA-MORENO

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

3727 SW 8 ST. # 102

City

CORAL GABLES

FL

Zip Code

33134

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]

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

(NOTE: Registered Agent's signature required when reinstating)

4/16/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COSTA-MORENO, MONICA A.P. ☐ Delete
STREET ADDRESS 5545 SW 8TH ST., STE. 107
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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

4/16/08

Date

(305) 446-7250

Daytime Phone #