

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054567

Entity Name: MERCEDES BUSTO, P.A.

FILED  
May 04, 2005  
Secretary of State

**Current Principal Place of Business:**

1450 BRICKELL BAY DRIVE #2007  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 310340  
MIAMI, FL 33231 US

**New Mailing Address:**

1450 BRICKELL BAY DRIVE  
#2007  
MIAMI, FL 33131 US

FEI Number: 65-0516730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSTO, MERCEDES  
1450 BRICKELL BAY DRIVE, #2007  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BUSTO, MERCEDES  
Address: 1450 BRICKELL BAY DR. #2007  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERCEDES BUSTO

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05/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date