

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000004639

1. Entity Name
MANUEL ARTHUR MESA, P.A.



Principal Place of Business
44 WEST FLAGLER STREET
1575
MIAMI, FL 33130

Mailing Address
44 WEST FLAGLER STREET
1575
MIAMI, FL 33130

FILED

05 MAY 12 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0657924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MESA, MANUEL A ESQ
44 WEST FLAGLER STREET
1575
MIAMI, FL 33130

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

500054669615

05/17/05--01030--018 **150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	PD MESA, MANUEL ARTHUR 44 WEST FLAGLER STREET #1575 MIAMI, FL 33130
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #