2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P96000047676 1. Entity Name FORMOSO-MURIAS PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 401 S.W. 27TH AVENUE MIAMI FL 33135 401 S.W. 27TH AVENUE MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0669984 Not Applicable 2ip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FMR CORP. Street Address (P.O. Box Number is Not Acceptable) 401 S.W. 277H AVENUE MIAMI FL (33135 City Zip Code FL 3. 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 egistered agei SIGNATURE nature, typed or printe (NOTE Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1,2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** THE ☐ Delete HILE ☐ Change ☐ Addition NAME FORMOSO-MIRIAS, HECTOR NAME 401 S.W. 27TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 CHY-SI-78 TITLE ☐ Delete THEF Additio Change NAMI NAME U00000354208 STREET ADDRESS STREET ADDRESS 05/03/05-80097-017 150.00 City ST-ZIP CITY-ST-7IP TITLE Delete DUE ☐ Change Acidità NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP THEF ☐ Delete atte ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete Addition HILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY+ST-7IP 12. I hereby certify that the information supplied with this filling 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 trusted 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 either like empowered.

FILED