2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90142 048 ***150.00

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04282004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000055034

1. Entity Name
R. FIGUEROA, P.A.

Principal Place of Business	Mailing Address
6401 SW 87 COURT STE 202 MIAMI, FL 33173	6401 SW 87 COURT STE 202 MIAMI, FL 33173

2. Principal Place of Business		3. Mailing Address	
6401 SW 87 AVENUE		6401 SW 87 AVENUE	
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc. SUITE 202	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33173	Country USA	Zip 33173	Country USA

4. FEI Number ~~65-0813593~~ 73-1678275 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R C.P.A.
6401 SW 87 ~~COURT STE 202~~
MIAMI, FL 33173
6401 SW 87 Avenue STe 202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUERDA, RONALDO 6401 SW 87 COURT STE 202 MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIGUEROA, RONALDO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Director 4/28/04 305/233-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #