


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90175 041 ***150.00

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|--|--|---|
| DOCUMENT # P97000055975 | |  |
| 1. Entity Name CRISTINA J. PERTIERRA, P.A. | | |

| | |
|---|---|
| Principal Place of Business 7210 RED ROAD SUITE 213 MIAMI FL 33143 US | Mailing Address 7210 RED ROAD SUITE 213 MIAMI FL 33143 US |
|---|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/04)

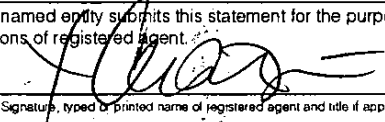
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|------------------------------------|--|
| 4. FEI Number 65-0772293 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PERTIERRA, CRISTINA J 9260 SUNSET DRIVE SUITE 205 MIAMI FL 33173 | | Name Street Address (P.O. Box Number is Not Acceptable) 7210 RED ROAD # 213 City MIAMI FL 33143 | |

Change address!

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  DATE **2/21/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD PERTIERRA, CRISTINA J 9260 SUNSET DRIVE SUITE 205 MIAMI FL 33173 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PERTIERRA, CRISTINA J 7210 RED ROAD # 213 MIAMI, FL 33143 |
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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

2/21/05 **305-666-4770**