

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000066988

1. Entity Name
DARREN J. ROUSSO, P.A.



Principal Place of Business

95 MERRICK WAY
440
CORAL GABLES, FL 33134 US

Mailing Address

95 MERRICK WAY
440
CORAL GABLES, FL 33134 US

FILED
Apr 29, 2004 08:00 AM
Secretary of State



04272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0769492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROUSSO, DARREN J
95 MERRICK WAY
440
CORAL GABLES, FL 33134

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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 reissuing) 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
ROUSSO, DARREN J
95 MERRICK WAY
CORAL GABLES, FL 33134

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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04/29/04-80048-010 150.00

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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

Date

Daytime Phone #