2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000034257

1. Entity Name
GUSTAVO B. BORGES, P.A.

Principal Place of Business	Mailing Address
8221 W. FLAGLER STREET MIAMI, FL 33144 US	8221 W. FLAGLER STREET MIAMI, FL 33144 US

DO NOT WRITE IN THIS SPACE

01222004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0828195

Applied For
Not Applicable

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

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6. Name and Address of Current Registered Agent

BORGES, GUSTAVO
8221 W. FLAGLER ST.
MIAMI, FL 33144

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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 re-instating)   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	PSTD
NAME	BORGES, GUSTAVO B
STREET ADDRESS	8221 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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02/10/04-80056-022 150.00

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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: X _____   X 2-6-04   X 305-266-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #