

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90297 029 ***150.00

DOCUMENT # P98000047570	
1. Entity Name CENTRO DE DOLOR, OSTEOPOROSIS Y TRAUMATOLOGIA CORP.	
Principal Place of Business 1437 SW 1 ST. MIAMI, FL 33135	Mailing Address 1437 SW 1 ST. MIAMI, FL 33135



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841955	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

AMOR, MIGUEL A
1437 SW 1 ST.
MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMOR, MIGUEL A 9999 SW 21 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SASTRE, LUIS 2455 WEST 67 PL (10-12) HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 reports 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

Luis R. Sastre
LUIS R. SASTRE

Date

Double Phone #

4/26/04 (305) 881-5148