

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90084 018 ***150.00

DOCUMENT # P98000061930

1. Entity Name
R. IBARRA, E.A., P.A.



Principal Place of Business

745 SW 35 AVE
SUITE 204
MIAMI, FL 33135

Mailing Address

745 SW 35 AVE
SUITE 204
MIAMI, FL 33135

34033100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0849951

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IBARRA, ROBERTO
8975 S.W. 21 TERRACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name **IBARRA, ROBERTO**

Street Address (P.O. Box Number is Not Acceptable)

8975 S.W. 21 TERRACE

City **MIAMI**

FL

Zip Code **33165**

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 **SD** ☐ Delete
NAME **ARIAS, MARIA B**
STREET ADDRESS **745 SW 35TH AVE STE 204**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **TD** ☐ Delete
NAME **IBARRA, MARIA E**
STREET ADDRESS **8975 S.W. 21 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **PD** ☐ Delete
NAME **IBARRA, ROBERTO**
STREET ADDRESS **8975 S.W. 21 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

01-19-04

Date

Daytime Phone #