


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


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

DOCUMENT # P98000067665 1. Entity Name JUAN VICENTE URDANETA, P.A.	
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Principal Place of Business 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FLORIDA



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0862360	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**URDANETA, JUAN V
2655 LEJEUNE RD #507
CORAL GABLES, FL 33134**

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URDANETA, JUAN V 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134
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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: Juan Vicente Urdaneta **3/22/05 305-728-1319**

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