

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000095153

1. Entity Name
LAW OFFICES OF DORA L. BEATTY, P.A.



Principal Place of Business
**5939 SW 34 STREET
MIAMI, FL 33155 US**

Mailing Address
**5939 SW 34 STREET
MIAMI, FL 33155 US**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0878597

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEATTY, DORA L ESQ.
5939 SW 34 STREET
MIAMI, FL 33155**

**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

DORA L. BEATTY President

(NOTE: Registered Agent signature required when reinstating)

2/19/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BEATTY, DORA L ESQ.
STREET ADDRESS	5939 SW 34 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	BEATTY, DORA L ESQ.
STREET ADDRESS	5939 SW 34 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000000239739
02/23/05-80001-021 150.00

**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)(f), 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

DORA L. BEATTY

2/19/05

Date

(305) 740-7500

Daytime Phone #