


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State


04-27-2005 90315 027 ***158.75

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| DOCUMENT # S14283 |  |
| 1. Entity Name ALBERTO R. CARDENAS, P.A. | |

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|---|---|
| Principal Place of Business 201 S. BISCAYNE BLVD. SUITE 2600 MIAMI, FL 33131 US | Mailing Address 201 S. BISCAYNE BLVD. SUITE 2600 MIAMI, FL 33131 US |
|---|---|

DO NOT WRITE IN THIS SPACE

140017263 157 Miami



01102005 No Chg-P CR2E034 (10/03)

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|--|--------------------------------------|
| 4. FEI Number 65-0230040 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GONZALEZ, MANUEL CPA
201 S. BISCAYNE BLVD, SUITE 2600
MIAMI, FL 33131

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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 reissuing) **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**

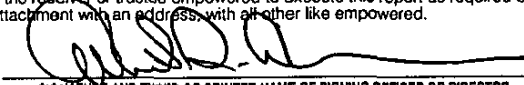
10. OFFICERS AND DIRECTORS

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|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARDENAS, ALBERTO R. 201 S. BISCAYNE BLVD. MIAMI, FL |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

*New Address:
1414 Brickell Ave, 15th Fl
Miami FL 33131*

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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:  **4/22/05** **305-539 2480**

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