

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S20807

1. Entity Name
MICHELLE A. PIVAR, A PROFESSIONAL ASSOCIATION



Principal Place of Business
6401 S.W. 87TH AVENUE
SUITE 101, GALLOWAY 64 BLDG.
MIAMI, FL 33173

Mailing Address
6401 S.W. 87TH AVENUE
SUITE 101, GALLOWAY 64 BLDG.
MIAMI, FL 33173

FILED
Apr 26, 2004 08:00 AM
Secretary of State



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0236220 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

PIVAR, MICHELLE A.
6401 S.W. 87TH AVE.
MIAMI, FL 33173

**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	PD
NAME	PIVAR, MICHELLE A.
STREET ADDRESS	6401 SW 87TH AVE STE 101
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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04/26/04-80083-024 150.00

**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)(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:

M. Pivar Michelle A. Pivar,
President

4-22-04 305/271-680
Date Daytime Phone #