



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90001 047 ***150.00

DOCUMENT # S28319 1. Entity Name DORIS AMAYA AND ASSOCIATES, P.A.			
Principal Place of Business 6972 NW 179TH STREET 4-203 MIAMI, FL 33015 US		Mailing Address 6972 NW 179TH STREET 4-203 MIAMI, FL 33015 US	
2. Principal Place of Business <i>6972 NW 179 St</i> Suite, Apt. #, etc. <i>Bldg #4 - Condo #203</i> City & State <i>Miami, Florida</i> Zip <i>33015</i> Country <i>Miami-Dade</i>		3. Mailing Address <i>6972 NW 179 St 4-203</i> Suite, Apt. #, etc. <i>Bldg #4 - Condo #203</i> City & State <i>Miami, Fls. 33015</i> Zip <i>33015</i> Country <i>Miami Dade</i>	
			
		05162005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0261587		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMAYA, JORGE M 6972 N.W 179TH STREET 4-203 MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMAYA, DORIS 6972 NW 179TH ST #4-203 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMAYA, JORGE M 6972 NW 179TH ST #4-203 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Mrs. Doris Amaya</i>		<i>(Doris Amaya, LMLP, CAP, SLP)</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>5/28/05</i> Daytime Phone # <i>305-819-3629</i> <i>305-979-6171</i>	