

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # S28319

**1. Entity Name
DORIS AMAYA AND ASSOCIATES, P.A.**



Principal Place of Business

**6972 NW 179TH STREET
BUILDING 4, CONDO 203
MIAMI, FL 33015 US**

Mailing Address

**6972 NW 179TH STREET
BUILDING 4, CONDO 203
MIAMI, FL 33015 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0261587
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$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**

**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 NA 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000389477
01/20/06-80041-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMAYA, DORIS
STREET ADDRESS	6972 NW 179TH ST #4-203
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	P
NAME	AMAYA, JORGE M
STREET ADDRESS	6972 NW 179TH ST #4-203
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jorge M. Amaya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2006 305-819-3629
Date Daytime Phone #

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MINISTRY WELCOME
2006 FOR PROFIT CORPORATION