


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 446355 1. Entity Name CUBAN ORTHOPEDIC AND FOOT CLINIC, INC.	
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Principal Place of Business 5841 W. FLAGLER STREET MIAMI, FL 33144	Mailing Address 5841 W. FLAGLER STREET MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1514056	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:

RAMS, JR V H
5940 SW 114 STREET
MIAMI, FL 33156

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REYES, DORA Q. 10351 SW 60TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIRANTES, MARIA L 5940 SW 114 TERR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/15/08-80054-010 150.00

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 *Maria L. Quirantes* MARIA L. QUIRANTES
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #