2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

	ANNUAL	REPORT		_	Thi 30	, 200 / 00.0
DOCU	MENT # 529235				Seci	retary of Sta
1. Entity Name				·		
ARTHRI	TIS ASSOCIATES OF MIAMI,	r.a				
Principal Plac	ce of Business	Mailing Address				
3661 S. MIAMI AVE. 3661 S. MIAMI AVE.				·		
SUITE#505 SUITE#505 MIAMI, FL 33133 MIAMI, FL 33133			,			
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		,		04252007 N	o Chg-P CR2E	034 (11/05)
Г	O NOT WRITE	IN THIS SPA	/CE			Applied For
-			.0	4. FEI Number 59-1727728	3	Not Applicable
38 S. S. S.				5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Reg	jistered Agent				
MANUELI	GARCIA LINARES				T MOIT	
3661 S. M	IAMI AVE.			DO M	OT WRIT	-
MIAMI, FL 33133				IN TH	IS SPACI	
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its regis	tered office or register	red agent, or both, in the	ne State of Florida. Tarr	ramiliar with, and accept
CICNIATUCE						
SIGNATURE.	Signature, typed or printed name of registered agent and t	tle if applicable. (NOTE: Regis	tered Agent signature required	d when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees		
10.	OFFICERS AND DIR	ECTORS .				
TITLE	PD					
NAME STREET ADDRESS	GARCIA-LINARES,M 3820 ANDERSON RD.			1		
CITY-ST-ZIP	CORAL GABLES, FL		**	F 45.8		
TITLE					୍ ୁ ୯୦୭୫୦୦	
NAME					05/,18/07-	80052-006 150100
STREET ADDRESS CITY-ST-ZIP				ر و " طبه و ادراه ط		
TITLE				, ,		
NAME						
STREET ADDRESS				DON	OT WRIT	Ė
CITY-ST-ZIP				* * * * * * * * * * * * * * * * * * *	a grand	and the state of t
TITLE NAME				INIH	IS SPACI	
STREET ADDRESS	,		N. waren			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	_[
TITLE			1.	***		
NAME STREET ADDRESS			1			31
CITY-ST-ZIP						A Control of the Cont
TITLE			h a		terte in in the	

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:

NAME -STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF MEET OR DIRECTOR

Manuel Garcia-Linares

Date

4/25/07

Daytime Phone #