

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000120027 1. Entity Name LUIS O. REVUELTA, P.A.	
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Principal Place of Business 2950 SW 27 AVE SUITE 310 MIAMI, FL 33133	Mailing Address 2950 SW 27 AVE SUITE 310 MIAMI, FL 33133
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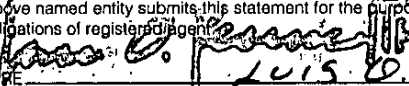


01072008 No Chg-P CR2E034 (11/05)

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4. FEI Number 71-0863797	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

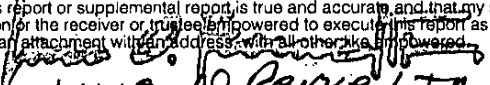
6. Name and Address of Current Registered Agent REVUELTA, LUIS O 2950 SW 27 AVE # 310? MIAMI, FL 33133-2143	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <u>LUIS O. REVUELTA</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE: <u>1/15/08</u>
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REVUELTA, LUIS O 2950 SW 27 AVE # 310 MIAMI, FL 331332143
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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:  <u>LUIS O. REVUELTA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>1/15/08</u> Daytime Phone #: <u>305-589-1080</u>
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