## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000001383

1. Entity Name

ORLÁNDO FERNANDEZ, P.A.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

2350 CORAL WAY STE 403 MIAMI, FL 33145

Mailing Address

2350 CORAL WAY STE 403 MIAMI, FL 33145



01232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0569698 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ORLANDO 2350 CORAL WAY STE 403 MIAMI, FL 33145

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A				required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	000000940718 05/28/08+80077-022 150.00
10	. OFFICERS AND DIRECTORS				
THILE NAME STREET ADDRESS CITY-SI-ZIP	D FERNANDEZ, ORLANDO 2350 CORAL WAY STE 403 MIAMI, FL 33145				•
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
11TLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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 of 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:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Davlinie Phone \*