

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S47478

1. Entity Name
DRESNICK & RODRIGUEZ, P.A.



Principal Place of Business
9100 S DADELAND BLVD, SUITE 1610
MIAMI, FL 33156

Mailing Address
9100 S DADELAND BLVD, SUITE 1610
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0264443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRESNICK, MARK
9100 S DADELAND BLVD, SUITE 1610
MIAMI, FL 33156

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000954351
07/11/08-80009-025 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DRESNICK, MARK A
STREET ADDRESS	9100 S. DADELAND BLVD. SUITE 1610
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D VP
NAME	RODRIGUEZ, MONICA L
STREET ADDRESS	9100 S. DADELAND BLVD., SUITE 1610
CITY-ST-ZIP	MIAMI, FL 33156
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08 305/670-9800
Date Daytime Phone #