

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90252 045 \*\*\*150.00

**DOCUMENT # 669026**

1. Entity Name  
MCGILL, ROSELLI, AYALA & HOPPMANN, P.A.



Principal Place of Business  
2135 SOUTH CONGRESS AVE  
W PLM BCH, FL 33406

Mailing Address  
2135 SOUTH CONGRESS AVE  
W PLM BCH, FL 33406

400100-



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1986869

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AYALA, RICARDO D  
2135 SOUTH CONGRESS  
W PLM BCH, FL 33406

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROSELLI, DANIEL R.
STREET ADDRESS	2135 S. CONGRESS AVE
CITY-ST-ZIP	W.P.B., FL
TITLE	VPT
NAME	AYALA, RICARDO D.
STREET ADDRESS	2135 S. CONGRESS AVE
CITY-ST-ZIP	W.P.B., FL 33467
TITLE	S
NAME	HOPPMANN, ROBERT D
STREET ADDRESS	2135 S. CONGRESS AVE.
CITY-ST-ZIP	WELLINGTON, FL
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: Robert Hopmann ROBERT HOPPMANN 4-20-07

(561) 985455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #