

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F55694

1. Entity Name  
AGUSTIN DE GOYTISOLO, P. A.



FILED

09 MAY 11 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
600 BILTMORE WAY, SUITE 1205  
CORAL GABLES, FL 33134-7534 US

Mailing Address  
600 BILTMORE WAY, SUITE 1205  
CORAL GABLES, FL 33134-7534 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122009

Chg-P

CR2E034 (11/08)

4. FEI Number  
59-2143144

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE GOYTISOLO, AGUSTIN  
600 BILTMORE WAY  
SUITE 1205  
CORAL GABLES, FL 33134-7534

*Signature*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
DE GOYTISOLO, AGUSTIN ☐ Delete  
STREET ADDRESS  
600 BILTMORE WAY, SUITE 1205  
CITY-ST-ZIP  
CORAL GABLES, FL 33134-7534

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DE GOYTISOLO, JOSEFINA G ☐ Delete  
STREET ADDRESS  
600 BILTMORE WAY, SUITE 1205  
CITY-ST-ZIP  
CORAL GABLES, FL 33134-7534

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DE GOYTISOLO, AGUSTIN ☐ Delete  
STREET ADDRESS  
2977 MCFARLANE DRIVE, #303  
CITY-ST-ZIP  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

*04/30/09 443.0132*