


# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 26 AM 9:12


**DOCUMENT # F55694**  
 1. Entity Name  
 AGUSTIN DE GOYTISOLO, P. A.



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

*BK*



03122010      Chg-P      CR2E034 (11/08)

4. FEI Number      Applied For  
 59-2143144      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DE GOYTISOLO, AGUSTIN  
 600 BILTMORE WAY  
 SUITE 1205  
 CORAL GABLES, FL 33134-7534

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2010 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 STREET ADDRESS CITY-ST-ZIP	DPTS DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY, SUITE 1205 CORAL GABLES, FL 331347534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT DE GOYTISOLO, JOSEFINA G 600 BILTMORE WAY, SUITE 1205 CORAL GABLES, FL 331347534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  400181073974 05/19/10--01004--004      **272.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE GOYTISOLO, AGUSTIN 2977 MCFARLANE DRIVE, #303 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_      Date: *04/10/10*      Daytime Phone #: *443 0132*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR