


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90260 027 ***150.00

DOCUMENT # F64709					
1. Entity Name CARLOS A. SALCINES, P.A.					
Principal Place of Business % CARLOS A SALCINES 8370 W FLAGLER #248 MIAMI, FL 33144		Mailing Address % CARLOS A SALCINES 8370 W FLAGLER #248 MIAMI, FL 33144		50000198	
2. Principal Place of Business - No P.O. Box # 9400 S. DADELAND BLVD Suite, Apt. #, etc. 601		3. Mailing Address 9400 S. DADELAND BLVD. Suite, Apt. #, etc. 601		01082007 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-2165058	
Zip 33156		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SALCINES, CARLOS A 8370 W FLAGLER #248 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9400 S. DADELAND BLVD. STE. 601 City MIAMI FL Zip Code 33156		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>Carlos Salcines</i>		CARLOS A. SALCINES		1/9/07	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PST SALCINES, CARLOS A 8370 W FLAGLER #248 MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9400 S. DADELAND BLVD, STE. 601 MIAMI FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Carlos Salcines</i>		CARLOS A. SALCINES		1/9/07 305-670-3370	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	