


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90046 003 \*\*\*150.00

DOCUMENT # G16819			
1. Entity Name PENALVER & PENALVER, P.A.			
Principal Place of Business RAFAEL A. PENALVER, JR. 1101 BRICKELL AVE. #1700 MIAMI, FL 33131		Mailing Address RAFAEL A. PENALVER, JR. 1101 BRICKELL AVE. #1700 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 2655 LeJeune Rd. Suite, Apt. #, etc. Suite 508 City & State Coral Gables, FL Zip 33134 Country Miami-Dade		3. Mailing Address 2655 LeJeune Rd. Suite, Apt. #, etc. Suite 508 City & State Coral Gables, FL Zip 33134 Country Miami-Dade	
4. FEI Number 59-2241183		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENALVER, RAFAEL A., JR. 1101 BRICKELL AVE. #1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Penalver, Rafael A., Jr. Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Rd. Suite 508 City Coral Gables FL Zip Code 33134	
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 <u><i>Rafael A. Penalver</i></u> DATE <u>1-18-08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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 PD NAME PENALVER, RAFAEL A. JR. STREET ADDRESS 1101 BRICKELL AVE. #1700 CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE PD NAME Penalver, Rafael A., Jr. STREET ADDRESS 2655 LeJeune Rd., Suite 508 CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME PENALVER, AURORA STREET ADDRESS 1101 BRICKELL AVE. #1700 CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE VD NAME Penalver, Aurora STREET ADDRESS 2655 LeJeune Rd., Suite 508 CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" 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
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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 empowers.			
SIGNATURE: <u><i>Rafael A. Penalver</i></u>		Date <u>1-18-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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