

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90076 006 \*\*\*150.00

**DOCUMENT # G98330**  
 1. Entity Name  
**MARIO PRATS JR. AND ASSOCIATES, INC.**



Principal Place of Business <del>300 S.W. 107TH AVENUE, SUITE 214</del> <del>MIAMI, FL 33174</del> <b>52 S.W 81 AVE</b> <b>MIAMI, FL 33144</b>	Mailing Address <del>300 S.W. 107TH AVENUE, SUITE 214</del> <del>MIAMI, FL 33174</del> <b>52 S.W 81TH AVE</b> <b>MIAMI, FL 33144</b>
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**60008371**



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2422685</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**PRATS, MARIO JR.**  
**300 S.W. 107 AVE**  
**214**  
**MIAMI, FL 33174**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRATS, DULCE I</b> <b>4010 S.W. 138 AVENUE</b> <b>MIAMI, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PRATS, MARIO JR.</b> <b>4010 S.W. 138 AVENUE</b> <b>MIAMI, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PRATS, DULCE</b> <b>8460 S.W. 92TH ST.</b> <b>MIAMI, FL 33184</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PRATS, MARIO III</b> <b>10504 SW 4TH ST</b> <b>MIAMI, FL 33174</b>
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 ~~is~~ empowered.

**SIGNATURE:** *Dulce I Prats*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/07 (305) 551-6000*  
 Date Daytime Phone #