2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # H06749

1. Entity Name
RICHARD PADRON AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3229 FLAGLER AVE, UNIT 101 P. O. BOX 2152 (C/O RICHARD PADRON) KEY WEST, FL 33040-4687	3229 FLAGLER AVE, UNIT 101 P. O. BOX 2152 (C/O RICHARD PADRON) KEY WEST, FL 33040-4687

DO NOT WRITE IN THIS SPACE

01122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2418299

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PADRON, RICHARD
3229 FLAGLER AVE., UNIT 101
KEY WEST, FL 33045-9152

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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 _____ 1/14/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PADRON, RICHARD
STREET ADDRESS	16680 EAST POINT DR
CITY-ST-ZIP	SUGARLOAF SHORES, FL
TITLE	V
NAME	PARDRON, DOLORES
STREET ADDRESS	16680 EAST POINT DR
CITY-ST-ZIP	SUGARLOAF SHORES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80017-001-150.00

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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: _____ 1/14/08 (305)296-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #