

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06749

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** RICHARD PADRON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

3229 FLAGLER AVE, UNIT 101  
P. O. BOX 2152 (C/O RICHARD PADRON)  
KEY WEST, FL 330404687

**New Principal Place of Business:**

3229 FLAGLER AVE  
SUITE 101  
KEY WEST, FL 330404687 US

**Current Mailing Address:**

3229 FLAGLER AVE, UNIT 101  
P. O. BOX 2152 (C/O RICHARD PADRON)  
KEY WEST, FL 330404687

**New Mailing Address:**

P.O. BOX 2152  
KEY WEST, FL 330452152 US

**FEI Number:** 59-2418299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PADRON, RICHARD  
3229 FLAGLER AVE., UNIT 101  
KEY WEST, FL 330459152 US

**Name and Address of New Registered Agent:**

PADRON, RICHARD  
3229 FLAGLER AVE., UNIT 101  
KEY WEST, FL 330404687 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/17/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PADRON, RICHARD  
Address: 16680 EAST POINT DR  
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: VD  
Name: PADRON, DOLORES  
Address: 16680 EAST POINT DR  
City-St-Zip: SUGARLOAF SHORES, FL 33042

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD PADRON

Electronic Signature of Signing Officer or Director

PRES

02/17/2011

Date