2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H13313

Entity Name

MIGUEL A. DE LAGE, D.P.M., P.A.



FILED Feb 19, 2007 08:00 A Secretary of State

Principal Place of Business

% MIGUEL A. DE LAGE 777 E. 25TH ST, #208 HIALEAH, FL 33013 Mailing Address

% MIGUEL A. DE LAGE 777 E. 25TH ST, #208 HIALEAH, FL 33013



 DO NOT WRITE IN THIS SPACE
 01112007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 A

5. Certificate of Status Desired

59-2430274

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LAGE, MIGUEL A. 777 E. 25TH ST SUITE 208 HIALEAH, FL 33013

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

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
SIREEI ADDRESS
CITY-SI-ZIP
TITLE
NAME
SIREEI ADDRESS
CITY-SI-ZIP
TITLE
NAME
SIREEI ADDRESS
SIREEI ADDRESS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

П

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 DP

NAME DE LAGE, MIGUEL A.

STREET ADDRESS 777 E. 25TH ST #208

CITY-ST-ZIP HIALEAH, FL 33013

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

U00000641026 02/28/07-80090-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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.

MiGUEL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-695 5817

Daytime Phone #