2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 06, 2008 8:00 am **DOCUMENT # H78721 Secretary of State** 1. Entity Name 02-06-2008 90030 020 ***150.00 RONALD E. HERZOG, P.A. Principal Place of Business Mailing Address **300 SEVILLA AVENUE 300 SEVILLA AVENUE** 400+~ **SUITE 215 SUITE 215** CORAL GABLES, FL 33134-6689 US CORAL GABLES, FL 33134-6689 US 2. Principal Place of Business - No P.O. Box # 264 Almeria Suite, Apt. #, etc 01192008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For ora 59-2580024 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERZOG, RONALD E. Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA **SUITE 215** CORAL GABLES, FL City Coral 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. title if applicable (NOTE: Registered Agent signs 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Addition HERZOG, RONALD E PRES aby almeria aul Coral Gables FL 3313 STREET ADDRESS 300 SEVILLA AVENUE, SUITE 215 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GORAL GABLES, FL 33134 TITLE ☐ Delete TITLE ■ Addition MAME MASEE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ddress, with all other like empowered.

changed, or on an attachn

SIGNATURE:

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