

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90023 030 ***150.00

DOCUMENT # H95147
 1. Entity Name
FRANK QUINTERO, JR., P.A.



4000



01282008 Chg-P CR2E034 (12/06)

4. FEI Number ~~59-263-9007~~ **59-263-9007** Applied For
 Not Applicable

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

Principal Place of Business Mailing Address
~~MERRICK PLAZA - 2100 PRICE DE FEN BLVD #201 MIAMI, FL 33134 US~~
~~MERRICK PLAZA - 2100 PRICE DE FEN BLVD #201 MIAMI, FL 33134 US~~

2. Principal Place of Business, No P.O. Box # 3. Mailing Address
2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 1180
2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 1180
 City & State **Coral Gables, FL** City & State **Coral Gables, FL**
 Zip **33134** Country **USA** Zip **33134** Country

6. Name and Address of Current Registered Agent
QUINTERO, FRANK JR
~~2100 PONCE DE LEON BLVD SUITE 201 MIAMI, FL 33134~~
2100 Ponce de Leon Blvd Suite 1180 Blvd Coral Gables, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSD QUINTERO, FRANK JR 2100 PONCE DE LEON BLVD, SUITE 201 MIAMI, FL 33134 <i>2100 Ponce de Leon Blvd Ste 1180 Coral Gables, FL 33134</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *[Signature]* DATE: **1/28-08** DAYTIME PHONE #: **3/446-0303**