2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2007 8:00 am Secretary of State **DOCUMENT # K85577** 05-09-2007 90101 006 ***150.00 1. Entity Name GERMAN PENA, P.A. Principal Place of Business Mailing Address 9010 SW 137TH AVE 9010 SW 137TH AVE STE 113 **STE 113** MIAMI, FL 33186 US MIAMI, FL 33186 US CR2E034 (11/05) 05012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0130201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENA, GERMAN DO NOT WRITE 9010 SW 137TH AVE **STE 113** IN THIS SPACE MIAMI, FL 33186 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TITLE PENA, GERMAN NAME 9010 SW 137TH AVE STE 113 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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TITLE NAME STREET ADDRESS

> Ociman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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