

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41948

FILED
Feb 28, 2007
Secretary of State

Entity Name: ROSENDO V. DE POSADA MEDICAL OFFICE, CORP.

Current Principal Place of Business:

615 SW 57 AVE.
MIAMI, FL 331443970

New Principal Place of Business:

Current Mailing Address:

615 SW 57 AVE.
MIAMI, FL 331443970

New Mailing Address:

FEI Number: 59-2586503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE POSADA, ROSENDO VALDES
9800 SW 104TH ST
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DE POSADA, ROSENDO V. .
Address: 9800 SW 104TH ST
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: DE POSADA, ILIANA VA, LDES
Address: 9800 SW 104TH ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSENDO D VALDES POSADA

D

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date