2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L74398

1. Entity Name
DANILO J. CALLEJAS, P.A.

Principal Place of Business	Mailing Address –
763 W FLAGLER ST MIAMI, FL 33130	763 W FLAGLER ST MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0192337	Not Applicable

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

6. Name and Address of Current Registered Agent

CALLEJAS, DANILO J.
5420 SW 96TH AVENUE
MIAMI, FL 33165

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 _____   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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 **PD** NAME STREET ADDRESS CITY-ST-ZIP	CALLEJAS, DANILO J. 5420 SW 96 AVE. MIAMI, FL
TITLE **VPD** NAME STREET ADDRESS CITY-ST-ZIP	CALLEJAS, DULIA D. 5420 SW 96 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/07-80005-009 150.00

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.

SIGNATURE: X _____   04-27-07   305-324-6312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #