2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M35779

1. Entity Name
MARIA L. BERMUDEZ, P.A.

Principal Place of Business	Mailing Address
C/O MARIA L. BERMUDEZ 609 ALMERIA AVE, #201 CORAL GABLES, FL 33134 US	609 ALMERIA 201 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

`4UU7JJ**`

04142007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2698164	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BERMUDEZ, MARIA L
609 ALMERIA
APT. #201
CORAL GABLES, FL 33134

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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, 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	D
NAME	BERMUDEZ, MARIA LUISA
STREET ADDRESS	609 ALMERIA APT. #201
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	JEREZ, EDUARDO
STREET ADDRESS	609 ALMERIA APT. #201
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/19/07   305 446 0047

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