

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M37794

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: ARROYO PROFESSIONAL ASSOCIATION

## Current Principal Place of Business:

9909 NW 29 TERR  
DORAL, FL 331721080 US

## New Principal Place of Business:

C/O NANCY ARROYO  
CMR 489, #305  
APO, AE 09751 US

## Current Mailing Address:

9737 NW 41ST STREET, #145  
DORAL, FL 331782924 US

## New Mailing Address:

C/O NANCY ARROYO  
CMR 489, #305  
APO, AE 09751 US

FEI Number: 59-2710955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'HARE, RICHARD J  
1550 MADRUGA AVE.  
SUITE 120  
CORAL GABLES, FL 33146 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: PD ( ) Delete  
Name: ARROYO, NANCY M  
Address: 9909 NW 29 TERRACE  
City-St-Zip: DORAL, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARROYO, NANCY M  
Address: CMR 489, #305  
City-St-Zip: APO, AE 09751

I hereby certify that the information supplied with this filing does not qualify 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: NANCY M. ARROYO

PD

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date