

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90028 003 ***150.00

DOCUMENT # P00000053678					
1. Entity Name FERMIN M. FERRO, P.A.					
Principal Place of Business 2050 CORAL WAY SUITE 303 MIAMI, FL 33145			Mailing Address 2050 CORAL WAY SUITE 303 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 1888 NW 7 Street		3. Mailing Address 6256 SW 12 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State W. Miami, FL		4. FEI Number 65-1012418	
Zip 33125		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33144		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRO, FERMIN M 2050 CORAL WAY SUITE 303 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: <u>Fermin M. Ferro</u> Street Address (P.O. Box Number is Not Acceptable): <u>6256 SW 12 St.</u> City: <u>W. Miami</u> FL Zip Code: <u>33144</u>		
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: <u>[Signature]</u> <u>[Signature]</u> <u>July 1, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERRO, FERMIN M 2050 CORAL WAY, SUITE 303 MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Fermin M. Ferro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6256 SW 12 St. W. Miami, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>July 1, 2008</u> 305-401-1770 <small>Date Daytime Phone #</small>		