2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000074531

Entity Name

GUILLERMO J. FERNANDEZ-QUINCOCES, P.A.



Principal Place of Business

100 SE 2ND ST 34TH FLOOR MIAMI, FL 33131 Mailing Address

100 SE 2ND ST 34TH FLOOR MIAMI, FL 33131

FILED Jan 29, 2007 8:00 am Secretary of State

01-29-2007 90094 018 ***150.00

60009259



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1038386 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ-QUINCOCES, GUILLERMO J ESQ 100 SE 2ND ST 34TH FLOOR MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	AL N				
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered A	gent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		 Election Campaign Financi Trust Fund Contribution. 	ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-QUINCOCES, GUILLER 100 SE 2ND ST 34TH FLOOR MIAMI, FL 33131	MO J ESQ			
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-51-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
IIILE					

12. I hereby certify that the information supplied with this filling 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 tile empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

1/08/07

341-4080

Date

Daytime Phone #