


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90018 050 ***150.00

DOCUMENT # P00000074531	
1. 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
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2. Principal Place of Business - No P.O. Box # 100 SE 2nd Street	3. Mailing Address 100 SE 2nd Street
Suite # Suite 1600	Suite # Suite 1600

City & State Miami, FL	City & State Miami, FL
Zip 33131	Country US


40043051



03062008 Chg-P CR2E034 (12/06)

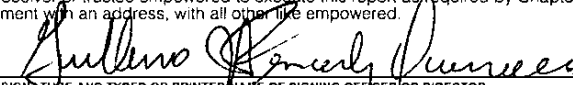
6. Name and Address of Current Registered Agent FERNANDEZ-QUINCOCES, GUILLERMO J ESQ 100 SE 2ND ST 34TH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Guillermo J. Fernandez-Quincoces, Esq. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street Suite 1600 Miami FL 33131	
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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  Guillermo J. Fernandez-Quincoces 3/10/08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-QUINCOCES, GUILLERMO J ESQ 100 SE 2ND ST 34TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fernandez-Quincoces, Guillermo J. 100 SE 2nd Street, Suite 1600 Miami, FL 33131 <input checked="" 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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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 title empowered.	
SIGNATURE:  Guillermo J. Fernandez-Quincoces, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/10/08 Date Daytime Phone #