


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000001973
 1. Entity Name
ALBERTO ROJAS, P.A.



Principal Place of Business 430 COMMODORE DR. #105 PLANTATION, FL 33325	Mailing Address 430 COMMODORE DR. #105 PLANTATION, FL 33325
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1066125	App. of Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, ALBERTO
 430 COMMODORE DR.
 #105
 PLANTATION, FL 33325

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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, and I hereby certify that I am the registered agent and I 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 re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST ROJAS, ALBERTO 430 COMMODORE DR. PLANTATION, FL 33325
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 03/22/07-80001-005 150.00

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: Alberto Rojas **3/8/07** **954-260-6491**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #