

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90018 001 ***150.00

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1. Entity Name

PAULA A. HERNANDEZ-POU, P.A.



Principal Place of Business
12513 BENT BAY TRAIL
JACKSONVILLE FL 32224

Mailing Address
12513 BENT BAY TRAIL
JACKSONVILLE FL 32224



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

11165 Castlemain Cir S.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32256

Country

Zip

Country

4. FEI Number

56-3713523

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

POU, PAULA A
12513 BENT BAY TRAIL
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name Same Name

Street Address (P.O. Box Number is Not Acceptable)

11165 Castlemain Cir S

Jacksonville

City

FL

Zip Code

32256

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME POU, PAULA A
STREET ADDRESS 12513 BENT BAY TRAIL
CITY - ST - ZIP JACKSONVILLE FL 32224

TITLE VSTD ☐ Delete
NAME POU, ANTONIO JR.
STREET ADDRESS 12513 BENT BAY TRAIL
CITY - ST - ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #