2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

ANNUAL KEPUKI						Secretary of State				
DOCUI 1. Entity Nam HARTOG				04-09-2007 90062 024 ***						
}			Ì		TEST					
Principal Place of Business Mailing Address						•	. –			
747 PONCE DE LEON BLVD., SUITE 317 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134				JITE 317			<i>y</i>			
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7. NIGUEL M. GONZALEZ, P.A. 7. MIGUEL M.			GONZALEZ, P.A.							
Suite, Apt.		Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.			01162007	Chg-P	CR2E03	4 (12/06)		
City & State	• 105A	City & State				4. FEI Number Applied For				
Miami. I	7L 33125 Country	Miami, FL 3312				04-3701398 Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
ļ		D	<u> </u>			L		F	ee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New F	registered A	gent	
GONZALEZ, MIGUEL M ESQ. 717 PONGE DE LEON BLVD., SUITE 317				Street Ad	ddress (P.O. Box Number	r is Not Acceptable	e)		
GORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 27th Avenue, Suite 105a					
				Miami, FL 33125					·	
Ĺ		City				FL	Zip Code) 		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or	register	red agent, or bot	h, in the State of Fl	orida. I am fa	amiliar with,	and accept
CIONATUDE										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E Registered	d Agent signatu	ne tednited	when reinstating)		DATE		
E11	E NOW!!! EEE IC \$450.00	9. Election Campa	ign Finan	ncing	\$5	.00 May Be				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution						ed to Fees				
10.	OFFICERS AND	DIRECTORS	11,			ADDITIONS,	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	D OUEDBERO ADELAYDA	☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	GUERRERO, ADELAYDA 347-PONCE DE LEON BLVB.; SUITE 317			et address			th Avenue,	Suite	105A	
CITY-ST-ZIP	CORAL GABLES, FL 33134		ary	- ST- ZIP	Mia	ni, FL 3	3125			
TITLE NAME	P HOLGUIN, JOSE F	☐ Delete	TITLE		ļ				Change	☐ Addition
STREET ADDRESS	881 OCEAN DR APT 18C		STRE	ET ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		━	- ST- ZIP						
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
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CITY-ST-ZIP	<u> </u>		_	- ST- ZIP	ļ				☐ Change	☐ Addition
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NAME			NAM						~~mig	
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NAME CTREET ADORESE			NAM						-	
STREET ADORESS CITY-ST-ZIP				eet adoress '-st-zip						

12. I hereby certify that the information supplied with this filing dose 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 truttee 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 argoress, with all ether like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VO3-23-07

305-649-0030

Daytme Phone #