

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027821

FILED
Jan 05, 2008
Secretary of State

Entity Name: VICTORIA GONZALEZ ROATTA, PSY.D., P.A.

Current Principal Place of Business:

9301 SW 69 AVENUE
MIAMI, FL 33156

New Principal Place of Business:

1550 MADRUGA AVE
319
CORAL GABLES, FL 33146

Current Mailing Address:

9301 SW 69 AVENUE
MIAMI, FL 33156

New Mailing Address:

FEI Number: 01-0669530 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GONZALEZ ROATTA, VICTORIA PA
9301 SW 69 AVENUE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ ROATTA, VICTORIA
Address: 9301 SW 69 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: ROATTA, JEAN-PAUL
Address: 9301 SW 69 AVE
City-St-Zip: MIAMI, FL 33156 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VROATTA

DR

01/05/2008

Electronic Signature of Signing Officer or Director

Date