2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State
02-06-2008 90037 021 ***150.00

DOCUMENT # P02000044332

1. Entity Name
ELOY VEGA, P.A.

Principal Place of Business	Mailing Address
6850 MAIN ST MIAMI LAKES, FL 33014	6850 MAIN ST MIAMI LAKES, FL 33014

01242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5410 W 4 Ave		5410 W 4 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hialeah FL		City & State: Hialeah, FL	
Zip: 33012	Country: USA	Zip: 33012	Country: USA

4. FEI Number
33-1040115
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VEGA, ELOY 6850 MAIN ST MIAMI LAKES, FL 33014	Name: Vega, Eloy Street Address (P.O. Box Number is Not Acceptable): 5410 W 4 Ave City: Hialeah FL Zip Code: 33012

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 X ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VEGA, ELOY 6850 MAIN ST HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vega, Eloy 5410 W 4 Ave Hialeah FL 33012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O VEGA, AIDA L 6850 MAIN ST HIALEAH, FL 33014	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 X [signature] Eloy Vega Director 1/18/08 305-725-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #