

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90045 038 \*\*\*150.00

**DOCUMENT # P02000055828**

1. Entity Name

ANGEL FRANCISCO CONDOM, P.A.



Principal Place of Business

8000 GOVERNORS SQUARE  
SUITE 410  
MIAMI LAKES, FL 33016

Mailing Address

8000 GOVERNORS SQUARE  
SUITE 410  
MIAMI LAKES, FL 33016

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

18503 Pines Blvd  
Suite 315

3. Mailing Address

18503 Pines Blvd  
Suite 315

02122007

Chg-P

CR2E034 (12/06)

4. FEI Number

83-0346707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANCISCO CONDOM, ANGEL ESQ  
19495 BISCAYNE BLVD  
AVENTURE, FL 33180

7. Name and Address of New Registered Agent

Name Angel F. Condom

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

Atria in Pembroke Pines Professional Plaza

18503 Pines Boulevard, Suite 315

City Pembroke Pines

FL

Zip Code 33029

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

2-12-07

**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 PD ☐ Delete  
NAME CONDOM, ANGEL F  
STREET ADDRESS 8000 GOVERNORS SQUARE BLVD #410  
CITY-ST-ZIP MIAMI LAKES, FL 33016

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Condom, Angel F.  
STREET ADDRESS 18503 Pines Blvd, Suite 315  
CITY-ST-ZIP Pembroke Pines, FL 33029

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

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-07