## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT
DOCUMENT # P03000006980

1. Entity Name

MARÍO R. ARANGO, P.A.



Principal Place of Business

Mailing Address

1550 N.E. MIAMI GARDEN DR STE 402 N MIAMI BEACH, FL 33179 1550 N.E. MIAMI GARDEN DR STE 402 N MIAMI BEACH, FL 33179

## FILED May 01, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

04302007 140 Clig-F		CRZI	03)	
4. FEI Number				Applied For
02-066793	31			Not Applicable
5. Certificate of S	tatus Desired	$\Box$	\$8.75 Additional	

6. Name and Address of Current Registered Agent

ARANGO, MARIO R 1550 N.E. MIAMI GARDEN DR STE 402 N MIAMI BEACH, FL 33179 DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	ourpose of changing its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
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	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10. OFFICERS AND DIREC	CTORS	

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DPST ARANGO, MARIO R 1550 N.E. MIAMI GARDEN DR STE 402 N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

000000753309 05/22/07-80015-012 150.00

DO NOT WRITE IN THIS SPACE

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Dayame Phone #

305-948-8685