

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90030 043 ***150.00

DOCUMENT # P03000034766

1. Entity Name
RAMON ALLER, P.A.



Principal Place of Business
11440 SW 17 CT
MIRAMAR, FL 33025

Mailing Address
11440 SW 17 CT
MIRAMAR, FL 33025

40045332



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

300 S Hollybrook

3. Mailing Address

300 S Hollybrook

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

02032008

Chg-P

CR2E034 (12/06)

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

56-2336248

Applied For

Not Applicable

Zip

33025-1273

Country

US

Zip

33025-1273

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLER, TERESA
11440 SW 17 CT
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name

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

300 S Hollybrook

#305

City

MIRAMAR

FL

Zip Code

33025-1273

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

FILE NOW!!! - FEE IS \$160.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLER, TERESA	
STREET ADDRESS	11440 SW 17 CT	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLER, RAMON	
STREET ADDRESS	11440 SW 17 CT	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 S Hollybrook #305
STREET ADDRESS	MIRAMAR, FL 33025-1273
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 S Hollybrook #305
STREET ADDRESS	MIRAMAR, FL 33025-1273
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

3/10/08