

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 035 ***150.00

DOCUMENT # P03000074790	
1. Entity Name ROIG & FERNANDEZ, P.A.	

Principal Place of Business 4023 NORTH ARMENIA AVENUE SUITE 400 TAMPA, FL 33607	Mailing Address 4023 NORTH ARMENIA AVENUE SUITE 400 TAMPA, FL 33607
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00043016

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04152005 Chg-P CR2E034 (10/03)

4. FEI Number 57-1180535 57-1180356	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROIG, RICARDO A ESQ. 4023 NORTH ARMENIA AVENUE SUITE 400 TAMPA, FL 33607	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RAIG, RICARDO A 4023 N ARMENIA ARANNA STE 400 TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Roig, Ricardo A. 4023 N Armenia Avenue, Ste 400 Tampa, FL 33607 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS FARMANDEA, FRANK Q 4023 N ARMENIA ARANNA STE 400 TAMPA, FL 33607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS Fernandez, Frank G. 4023 N Armenia Avenue, Ste 400 Tampa, FL 33607 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: _____	Ricardo A. Roig 4/18/05 813-876-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #