

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133761

Entity Name: NAIN A. FELIZ, P.A.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1336 NW 84 AVENUE
MIAMI, FL 33126

New Principal Place of Business:

8218 WEST FLAGLER STREET
MIAMI, FL 33144

Current Mailing Address:

1336 NW 84 AVENUE
MIAMI, FL 33126

New Mailing Address:

8218 WEST FLAGLER STREET
MIAMI, FL 33144

FEI Number: 20-0399636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIZ, EDICSA
6000 S.W. 153 COURT ROAD
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELIZ, NAIN A
Address: 6000 S.W. 153 COURT
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: FELIZ, NAIN A
Address: 6000 S.W. 153 COURT ROAD
City-St-Zip: MIAMI, FL 33193

Title: T () Delete
Name: FELIZ, EDICSA
Address: 6000 S.W. 153 COURT ROAD
City-St-Zip: MIAMI, FL 33193

Title: S () Delete
Name: FELIZ, EDICSA
Address: 6000 S.W. 153 COURT ROAD
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDICSA FELIZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date