
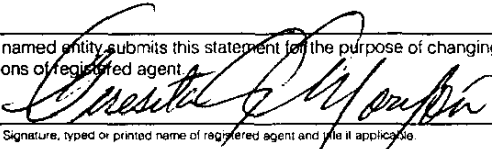
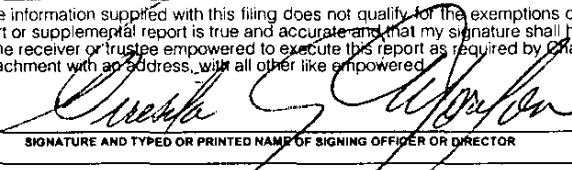


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90165 038 \*\*\*150.00

<b>DOCUMENT # P03000137193</b>					
1. Entity Name <b>TERESITA G. MOREJON, PA</b>					
Principal Place of Business <b>200 S.E. 15TH ROAD, #5-C MIAMI, FL 33129</b>			Mailing Address <b>200 S.E. 15TH ROAD, #5-C MIAMI, FL 33129</b>		
2. Principal Place of Business - No P.O. Box # <b>7934 WEST DRIVE</b>		3. Mailing Address <b>7934 WEST DRIVE</b>			
Suite, Apt. #, etc. <b>504</b>		Suite, Apt. #, etc. <b>504</b>			
City & State <b>North Bay Village, FL</b>		City & State <b>North Bay Village, FL</b>			
Zip <b>33141</b>	Country <b>MIAMI DADE</b>	Zip <b>33141</b>	Country <b>MIAMI DADE</b>	4. FEI Number <b>80-0082631</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOREJON, TERESITA G 200 S.E. 15TH ROAD, #5-C MIAMI, FL 33129</b>			7. Name and Address of New Registered Agent Name <b>MOREJON, TERESITA G</b> Street Address (P.O. Box Number is Not Acceptable) <b>7934 WEST DRIVE</b> <b>#504</b> City <b>North Bay Village</b> <b>FL</b> Zip Code <b>33141</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOREJON, TERESITA G 200 S.E. 15TH ROAD, #5-C MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7934 WEST DRIVE, #504 North Bay Village, FL 33141</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR RIVERO, PAULINA 200 S.E. 15TH ROAD, #5-C MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7934 WEST DRIVE, #504 North Bay Village, FL 33141</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Date <b>3/25/07</b> Daytime Phone # <b>305-345-4708</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					