2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000002907

1. Entity Name

RAQUEL M. FERNANDEZ, P.A.



Principal Place of Business

200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-5340

Mailing Address

200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-5340

FILED Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90050 037 ***150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0696086

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FERNANDEZ, RAQUEL M 200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-5340

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its register	ed office or r	registered agent, or bo	oth, 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: Registere	d Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST FERNANDEZ, RAQUEL M 200 SOUTH BISCAYNE BLVD SUITE MIAMI, FL 331315340					
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TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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

2/1/0/

30S-374-758U Daytime Phone #