

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90290 018 ***150.00

DOCUMENT # P04000030091

1. Entity Name
GERMAN OCAMPO, P.A.



Principal Place of Business
**15834 WEST STATE ROAD 84
SUNRISE, FL 33326 US**

Mailing Address
**15834 WEST STATE ROAD 84
SUNRISE, FL 33326 US**

2. Principal Place of Business
2731 EXECUTIVE PARK DR
Suite, Apt. #, etc.
7

3. Mailing Address
2731 EXECUTIVE PARK DR
Suite, Apt. #, etc.
7

City & State
WESTON FL

City & State
WESTON FL

Zip **33331**

Country **USA**

Zip **33331**

Country **USA**

03082005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2532949

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OCAMPO, GERMAN
15834 WEST STATE ROAD 84
SUNRISE, FL 33326

7. Name and Address of New Registered Agent

Name
OCAMPO, GERMAN
Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DR, SUITE 7
City
WESTON FL Zip Code
33331

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

4/19/05

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.S
OCAMPO, GERMAN
15834 WEST STATE ROAD 84
SUNRISE, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.S
OCAMPO, GERMAN
2731 EXECUTIVE PARK DR, SUITE 7
WESTON, FL 33331 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05