

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90008 045 \*\*\*150.00

**DOCUMENT # P04000050626**

1. Entity Name  
**REGINA RAMALHEIRA, P.A.**



Principal Place of Business  
**16011 TAMPA PALMS BLVD. WEST  
TAMPA, FL 33647**

Mailing Address  
**16011 TAMPA PALMS BLVD. WEST  
TAMPA, FL 33647**

2. Principal Place of Business - No P.O. Box #

**19026 BRUCE B DOWNS**

Suite, Apt. #, etc. **BLVD**

3. Mailing Address

**19026 BRUCE B. DOWNS BLVD**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa FL**

Zip

**33647**

Country

**USA**

Zip

**33647**

Country

**USA**

02042008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**90-0181097**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMALHEIRA, REGINA  
16011 TAMPA PALMS BLVD. WEST  
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**19026 BRUCE B DOWNS BLVD**

City

**Tampa FL**

FL

Zip Code

**33647**

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

*Regina A Ramalheira P.A.*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RAMALHEIRA, REGINA**  
CITY-ST-ZIP **16011 TAMPA PALMS BLVD. WEST  
TAMPA, FL 33647**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19026 BRUCE B DOWNS BLVD**  
CITY-ST-ZIP **Tampa FL 33647**

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

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

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

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

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:

*Regina A Ramalheira P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/10/08**

Daytime Phone #

**(813) 977-7355**