

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100011

**FILED
Jan 10, 2007
Secretary of State**

Entity Name: DR. ROBERTO GINES, P.A.

Current Principal Place of Business:

1000 ISLAND BLVD
SUITE 2802
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

1000 ISLAND BLVD
SUITE 2802
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 57-1209134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GINES, ROBERTO MD
1000 ISLAND BLVD
2802
AVENTURA, FL 33160 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: GINES, DR. ROBERTO
Address: 1000 ISLAND BLVD # 2802
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change () Addition
Name: GINES, DR. ROBERTO
Address: 1000 ISLAND BLVD # 2802
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO GINES

OFFI

01/10/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date