

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 027 ***150.00

DOCUMENT # P04000158038					
1. Entity Name ALLAN PELAEZ, P.A.					
Principal Place of Business 15119 MOUNTROSE RD HIALEAH, FL 33016			Mailing Address 5081 SW 128TH AVENUE MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box # 15119 MONTROSE RD		3. Mailing Address 15119 MONTROSE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI LAKES FL		City & State MIAMI LAKES FL		4. FEI Number 34-2027838	
Zip 33016		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PELAEZ, ALLAN 1519 MOUNTROSE RD HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name ALLAN PELAEZ Street Address (P.O. Box Number is Not Acceptable) 15119 MONTROSE RD City MIAMI LAKES FL Zip Code 33016		
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: DATE: 2-1-07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME PELAEZ, ALLAN		TITLE D-D	NAME ALLAN PELAEZ	
STREET ADDRESS 15110 MOUNTROSSE RD	CITY-ST-ZIP HIALEAH, FL 33016		STREET ADDRESS 15119 MONTROSE RD	CITY-ST-ZIP MIAMI LAKES, FL 33016	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<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: 2-1-07 PHONE: 8786-301-9520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					