2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000158038

1. Entity Name
ALLAN PELAEZ, P.A.

Principal Place of Business	Mailing Address
15119 MOUNTROSE RD *Montrose Rd.* MIAMI LAKES, FL 33016	15119 MOUNTROSE RD *MonTRose Rd.* MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
34-2027838	Not Applicable

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

6. Name and Address of Current Registered Agent

PELAEZ, ALLAN
15119 MOUNTROSE RD
MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

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

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

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PELAEZ, ALLAN
STREET ADDRESS	15119 MONTROSE RD
CITY-ST-ZIP	MIAMI LAKES, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____   5-28-08   2786-301-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #