


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90137 001 \*\*\*150.00

<b>DOCUMENT # P05000029853</b> 1. Entity Name GERMAN OLANO-GOMEZ, P.A.	
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Principal Place of Business 2930 POINT EAST DRIVE APT E508 AVENTURA, FL 33160	Mailing Address 2930 POINT EAST DRIVE APT E508 AVENTURA, FL 33160
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40045750



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2117259	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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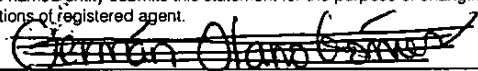
**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  OLANO-GOMEZ, GERMAN 2930 POINT EAST DRIVE APT E508 AVENTURA, FL 33160
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**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



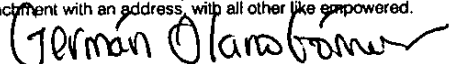
**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLANO-GOMEZ, GERMAN 2930 POINT EAST DRIVE, APT E508 AVENTURA, FL 33160
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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/07

Date

305-305-9596

Daytime Phone #