

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082432

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: MARGARITA ELORDI, P.A.

## Current Principal Place of Business:

9520 SW 79TH AVE  
MIAMI, FL 33156

## New Principal Place of Business:

12845 SW 82ND PL  
MIAMI, FL 33156 US

## Current Mailing Address:

9520 SW 79TH AVE  
MIAMI, FL 33156

## New Mailing Address:

12845 SW 82ND PL  
MIAMI, FL 33156 US

FEI Number: 20-2965644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MELENDEZ VEGA, LLC  
9010 SW 137TH AVE  
SUITE 225  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

MELENDEZ VEGA, LLC  
10511 N KENDALL DR  
SUITE C-203  
MIAMI, FL 33176 US

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: MICHAEL MELENDEZ

02/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELORDI, MARGARITA  
Address: 12845 SW 82ND PL  
City-St-Zip: PINECREST, FL 33156 US

Title: VP ( ) Delete  
Name: ELORDI, MARGARITA  
Address: 12845 SW 82ND PL  
City-St-Zip: PINECREST, FL 33156 US

Title: S ( ) Delete  
Name: ELORDI, MARGARITA  
Address: 12845 SW 82ND PL  
City-St-Zip: PINECREST, FL 33156 US

Title: T ( ) Delete  
Name: ELORDI, MARGARITA  
Address: 12845 SW 82ND PL  
City-St-Zip: PINECREST, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARGARITA ELORDI

P

02/27/2007

Electronic Signature of Signing Officer or Director

Date