


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000132894</b> 1. Entity Name ROGER PRIETO, P.A.	
--	---

Principal Place of Business 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132	Mailing Address 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132
--	--

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0160015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCCORMICK, KIMBERLY 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132
---

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000614519 02/06/07-80034-015 150.00
---	---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, ROGER DR 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, KIMBERLY 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, MICHAEL 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, ELIZABETH 1401 S RIDGEWOOD AVE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** \_\_\_\_\_ **1-30-07**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #