

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90055 050 ***150.00

DOCUMENT # P05000141886 1. Entity Name RUBEN PENA P.A.					
Principal Place of Business 999 BRICKELL AVE. SUITE 1002 MIAMI, FL 33131			Mailing Address 999 BRICKELL AVE. SUITE 1002 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 789 Grandon Blvd #504		3. Mailing Address 789 Grandon Blvd			
Suite, Apt. #, etc. #504		Suite, Apt. #, etc. #504			
City & State Key Biscayne, FL		City & State Key Biscayne, FL			
Zip 33149		Country USA		Zip 33149	
Country USA		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENA, RUBEN 999 BRICKELL AVE. SUITE 1002 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Peña, Ruben Street Address (P.O. Box Number is Not Acceptable) 789 Grandon Blvd # 504 City Key Biscayne FL Zip Code 33149		
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 March 13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PD PENA, RUBEN 999 BRICKELL AVE. SUITE 1002 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 March 13/08 DAYTIME PHONE # 786-3995639			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					