2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2007 08:00 A **Secretary of State DOCUMENT # P05000162224** RALPH E. FERNANDEZ, P.A. Mailing Address Principal Place of Business 109 SOUTH MOODY AVENUE 109 SOUTH MOODY AVENUE TAMPA, FL 33609 TAMPA, FL 33609 02212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3045192 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, RALPH DO NOT WRITE 109 SOUTH MOODY AVENUE TAMPA, FL 33609 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing, \$5,00 May Be After May 1, 2007 Fee will be \$550.00 Added to Fees 03/14/07-80065_006_150:00 TARAMENT PRODUCTION OF THE PARTY OF THE PART TITLE NAME FERNANDRZ, RALPH E 109 SOUTH MOODY AVENUE STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-2IP TITLE NAME

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 of truebe emptwered 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:

STREET ADDRESS CITY-ST-ZIP

PRUITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED