

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90466 033 \*\*\*150.00

**DOCUMENT # P05000164842**

1. Entity Name  
**RAMON FERNANDEZ P.A.**



Principal Place of Business  
**1924 KIMLYN CIRCLE  
KISSIMMEE, FL 34758**

Mailing Address  
**1924 KIMLYN CIRCLE  
KISSIMMEE, FL 34758**

**60045092**



2. Principal Place of Business - No P.O. Box #  
**1918 ELIZA ANN ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**1918 ELIZA ANN ST**  
Suite, Apt. #, etc.

02012007 Chg-P CR2E034 (12/06)

City & State  
**KISSIMMEE FL**  
Zip  
**34758** Country

City & State  
**KISSIMMEE FL**  
Zip  
**34758** Country

4. FEI Number  
**20-397455/** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, RAMON A  
1924 KIMLYN CIRCLE  
KISSIMMEE, FL 34758**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1918 ELIZA ANN ST**

City

**KISSIMMEE**

FL

Zip Code

**34758**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-26-07**

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  
FERNANDEZ, RAMON A  
1924 KIMLYN CIRCLE  
KISSIMMEE, FL 34758** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1918 ELIZA ANN ST  
KISSIMMEE FL 34758** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**[Blank]** ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/07**

Date

Daytime Phone #