

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011212

FILED
Mar 02, 2007
Secretary of State

Entity Name: PATRICIA PEREZ ONORATO, P.A.

Current Principal Place of Business:

P.O. BOX 528023
MIAMI, FL 33152 US

New Principal Place of Business:

4863 NW 113 PLACE
DORAL, FL 33178 US

Current Mailing Address:

P.O. BOX 528023
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 20-4116818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ ONORATO, PATRICIA
4863 NW 113 PL
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ ONORATO, PATRICIA
Address: P.O. BOX 528023
City-St-Zip: MIAMI, FL 33152 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ ONORATO, PATRICIA
Address: P.O. BOX 528023
City-St-Zip: MIAMI, FL 33152 US

Title: VPD () Change (X) Addition
Name: ONORATO, ROBERTO
Address: P.O. BOX 528023
City-St-Zip: MIAMI, FL 33152 US

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: ROBERTO ONORATO

VPD

03/02/2007

Electronic Signature of Signing Officer or Director

_____ Date