


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 029 ***150.00

DOCUMENT # P06000022664

1. Entity Name
BOCHI & RICE, P.A.



40013496



02082007 Chg-P CR2E034 (12/06)

Principal Place of Business
25 S.E. 2ND AVENUE
SUITE 1242
MIAMI, FL 33131

Mailing Address
25 S.E. 2ND AVENUE
SUITE 1242
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
25 SE 2nd Ave.

3. Mailing Address
25 SE 2nd Ave.

Suite, Apt. #, etc.
Suite 543

Suite, Apt. #, etc.
Suite 543

City & State
Miami, FL

City & State
Miami FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
20 4310071

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RICE ROQUE, SUSANA C
25 S.E. 2ND AVENUE
1242
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Susana Rice Roque


Street Address (P.O. Box Number is Not Acceptable)
25 SE 2nd Avenue, Ste 543

City
Miami

State
FL

Zip Code
33131

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:  **SUSANA RICE ROQUE, ESQ.** DATE: **2/8/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

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 BOCHI, PATRICIA P 25 S.E. 2ND AVENUE, SUITE 1242 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE ROQUE, SUSANA C 25 S.E. 2ND AVENUE, SUITE 1242 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCHI, Patricia 25 SE 2nd Ave, Suite 543 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICE ROQUE, SUSANA 25 SE 2nd Avenue, Suite 543 Miami, FL 33131
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:  **SUSANA RICE ROQUE** DATE: **2/8/07** (305) 995 9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davita's Phone #