

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.



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**

40013496



2. Principal Place of Business - No P.O. Box #

25 SE 2nd Ave.
Suite, Apt. #, etc.
Suite 543

3. Mailing Address

25 SE 2nd Ave.
Suite, Apt. #, etc.
Suite 543

02082007

Chg-P

CR2E034 (12/06)

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

20 4310071

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

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** 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: Register or agent signature required when reinstating)

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 **P** ☐ Delete
NAME **BOCHI, PATRICIA P**
STREET ADDRESS **25 S.E. 2ND AVENUE, SUITE 1242**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VP** ☐ Delete
NAME **RICE ROQUE, SUSANA C**
STREET ADDRESS **25 S.E. 2ND AVENUE, SUITE 1242**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BOCHI, Patricia**
STREET ADDRESS **25 SE 2nd Ave, Suite 543**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☒ Change ☐ Addition
NAME **RICE ROQUE, SUSANA**
STREET ADDRESS **25 SE 2nd Avenue, Suite 543**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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