


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 050 ***150.00

DOCUMENT # P06000025860					
1. Entity Name GUSTAVO LASERNA, P.A.					
Principal Place of Business 1880 S. OCEAN DR. TOWER SUITE #503 W. HALLANDALE BEACH, FL 33009 US			Mailing Address 1880 S. OCEAN DR. TOWER SUITE #503 W. HALLANDALE BEACH, FL 33009 US		
2. Principal Place of Business - No P.O. Box # 2519 Polk St.		3. Mailing Address 2519 Polk St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 56-2561227	
Zip 33010		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASERNA, GUSTAVO 1880 S. OCEAN DR. TOWER SUITE #503 W. HALLANDALE BEACH, FL 33009			7. Name and Address of New Registered Agent Name: <u>Gustavo Laserna</u> Street Address (P.O. Box Number is Not Acceptable) 2519 Polk St. City: <u>Hollywood</u> <u>FL</u> Zip Code: <u>33020</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>LASERNA, GUSTAVO</u> <input type="checkbox"/> Delete <u>1880 S. OCEAN DR. TOWER SUITE 503 W</u> <u>HALLANDALE BEACH, FL 33009</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>Laserna, Gustavo</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2519 Polk St.</u> <u>Hollywood, FL 33020</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <u>Laserna, Iliana</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2519 Polk St.</u> <u>Hollywood, FL 33020</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 another like empowered.					
SIGNATURE: <u>[Signature]</u>			Date: <u>April 16/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					