

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000027830

1. Entity Name
ALEXIS POVEDA, P.A.



Principal Place of Business
**4950 SW 94TH AVENUE
COOPER CITY, FL 33328**

Mailing Address
**4950 SW 94TH AVENUE
COOPER CITY, FL 33328**



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3921992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POVEDA, ALEXIS
4950 S.W. 94TH AVE
COOPER CITY, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000865754
04/08/08-80001-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POVEDA, ALEXIS 4950 SW 94TH AVENUE COOPER CITY, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

ALEXIS POVEDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/08 305-409-2309
Date Daytime Phone #