


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90062 043 ***150.00

DOCUMENT # P06000035129

1. Entity Name
ORESTES M CABRERA, P.A.



Principal Place of Business Mailing Address

3549 N TAMARISK AVENUE 3549 N TAMARISK AVENUE
 BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1064 W UNION ST **1064 W UNION ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

HERNANDO FLA **HERNANDO FLA**

Zip Country Zip Country

34442-3238 **USA** **34442-3238** **USA**

6. Name and Address of Current Registered Agent

~~CABRERA, ORESTES M
 3549 N TAMARISK AVENUE
 BEVERLY HILLS, FL 34465~~



02282007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-4458622 Not Applicable

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

7. Name and Address of New Registered Agent

Name **CABRERA ORESTES M**

Street Address (P.O. Box Number is Not Acceptable)
1064 W UNION ST

City **HERNANDO** FL Zip Code **34442**

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 _____ DATE _____
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, ORESTES M	NAME	CABRERA, ORESTES M. (Address)
STREET ADDRESS	3549 N TAMARISK AVENUE	STREET ADDRESS	1064 W UNION ST
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	CITY-ST-ZIP	HERNANDO FL 34442
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Orestes M Cabrera* 3/16/07 3525271112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #