


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 3549 N TAMARISK AVENUE BEVERLY HILLS, FL 34465		Mailing Address 3549 N TAMARISK AVENUE BEVERLY HILLS, FL 34465	
2. Principal Place of Business - No P.O. Box # 1064 W UNION ST Suite, Apt. #, etc.		3. Mailing Address 1064 W UNION ST Suite, Apt. #, etc.	
City & State HERNANDO FLA		City & State HERNANDO FLA	
Zip 34442-3238		Zip 34442-3238	
Country USA		Country USA	
4. FEI Number 22-4458622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, ORESTES M 3549 N TAMARISK AVENUE BEVERLY HILLS, FL 34465		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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 CABRERA, ORESTES M 3549 N TAMARISK AVENUE BEVERLY HILLS, FL 34465	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABRERA, ORESTES M. 1064 W UNION ST HERNANDO FL 34442 (Address)
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
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 all other like empowered.			
SIGNATURE: <i>Orestes M Cabrera</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/16/07 3525271112 <small>Date Daytime Phone #</small>	