


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90007 016 ***150.00

DOCUMENT # P06000039081 1. Entity Name JAMES ROJAS P.A.			
Principal Place of Business 4508 SW 160 AVE #729 MIRAMAR, FL 33027		Mailing Address 4508 SW 160 AVE #729 MIRAMAR, FL 33027	
2. Principal Place of Business - No P.O. Box # 13625 Eagle Ridge Dr Apt 327		Mailing Address 13625 Eagle Ridge Dr Apt 327	
Suite, Apt. #, etc. Apt 327		Suite, Apt. #, etc. Apt 327	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33912		Zip 33912	
Country USA		Country USA	
3. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-4820478	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROJAS, JAMES 4508 SW 160 AVE #729 MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Rojas, James Street Address (P.O. Box Number is Not Acceptable) 13625 Eagle Ridge Dr Apt 327 City Fort Myers FL Zip Code 33912	
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 <u>James Rojas</u> DATE _____ <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	DP ROJAS, JAMES 4508 SW 160 AVE #729 MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rojas, James 13625 Eagle Ridge Dr Apt 327 Fort Myers FL 33912
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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	