

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050626

Entity Name: N.D.O., P.A.

FILED  
Jun 14, 2007  
Secretary of State

## Current Principal Place of Business:

2289 NE 42 AVE  
HOMESTEAD, FL 33033

## New Principal Place of Business:

## Current Mailing Address:

2289 NE 42 AVE  
HOMESTEAD, FL 33033

## New Mailing Address:

9010 SW 137 AV  
113  
MIAMI, FL 33186

FEI Number: 74-3174522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OCHOA, NESTOR  
2289 NE 42 AVE  
HOMESTEAD, FL 33033 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OCHOA, NESTOR  
Address: 2289 NE 42 AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VD ( ) Delete  
Name: OCHOA, NALII  
Address: 2289 NE 42 AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: SD ( ) Delete  
Name: TORRES, ALFRED  
Address: 2289 NE 42 AVE  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OCHOA NESTOR

PD

06/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date