

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 040 ***150.00

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|--|--|---|--|
| DOCUMENT # P06000056304 1. Entity Name MILAGROS G. MUNOZ, P.A. | | | |
| Principal Place of Business 806 DOUGLAS ROAD SUITE 500 CORAL GABLES, FL 33134 US | | Mailing Address 806 DOUGLAS ROAD SUITE 500 CORAL GABLES, FL 33134 US | |
| 2. Principal Place of Business - No P.O. Box # 355 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 801 | | 3. Mailing Address 355 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 801 | |
| City & State CORAL GABLES, FLORIDA | | City & State CORAL GABLES, FLORIDA | |
| Zip 33134 | Country US | Zip 33134 | Country US |
| 4. FEI Number APPLIED FOR 20-4726889 | | 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 MUNOZ, MILAGROS G 806 DOUGLAS ROAD SUITE 500 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name MUNOZ, MILAGROS G 355 ALHAMBRA CIRCLE SUITE 801 City CORAL GABLES FL 33134 | |
| 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.</small> | | DATE 1/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PRES | NAME MUNOZ, MILAGROS G | TITLE P | NAME MUNOZ, MILAGROS G |
| STREET ADDRESS 806 DOUGLAS ROAD, SUITE 580 | CITY-ST-ZIP CORAL GABLES, FL 33134 | STREET ADDRESS 355 ALHAMBRA CIR STE 801 | CITY-ST-ZIP CORAL GABLES, FL 33134 |
| TITLE TREA | NAME MUNOZ, MILAGROS G | TITLE T | NAME MUNOZ, MILAGROS G |
| STREET ADDRESS 806 DOUGLAS ROAD, SUITE 580 | CITY-ST-ZIP CORAL GABLES, FL 33134 | STREET ADDRESS 355 ALHAMBRA CIR STE 801 | CITY-ST-ZIP CORAL GABLES, FL 33134 |
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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 1/22/08 DAYTIME PHONE # 786 364 8000 | |