


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2008 90022 040 ***150.00

DOCUMENT # P06000056304

1. Entity Name
MILAGROS G. MUNOZ, P.A.



Principal Place of Business Mailing Address

~~806 DOUGLAS ROAD~~ ~~806 DOUGLAS ROAD~~
~~SUITE 500~~ ~~SUITE 500~~
~~CORAL GABLES, FL 33134 US~~ ~~CORAL GABLES, FL 33134 US~~

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

355 ALHAMBRA CIRCLE **355 ALHAMBRA CIRCLE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 801 **SUITE 801**


City & State City & State

CORAL GABLES, FLORIDA **CORAL GABLES, FLORIDA**

Zip Country Zip Country

33134 **US** **33134** **US**

90022



01212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

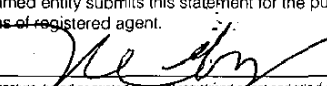
~~APPLIED FOR 20-4726889~~ Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MUNOZ, MILAGROS G Name
~~806 DOUGLAS ROAD~~ **MUNOZ, MILAGROS G**
~~SUITE 500~~ ~~355 ALHAMBRA CIRCLE~~
~~CORAL GABLES, FL 33134~~ **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  DATE **1/22/08**

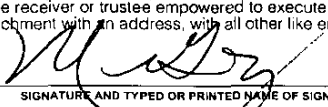
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES MUNOZ, MILAGROS G 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNOZ, MILAGROS G 355 ALHAMBRA CIR STE 801 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MUNOZ, MILAGROS G 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNOZ, MILAGROS G 355 ALHAMBRA CIR STE 801 CORAL GABLES, FL 33134 <input checked="" 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
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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:  DATE **1/22/08** DAYTIME PHONE # **786 364 8000**

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