

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073938

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: ALEJANDRO DAGUER P.A.

**Current Principal Place of Business:**

2430 N.E. 135TH ST.  
205  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

2430 N.E. 135TH ST.  
205  
NORTH MIAMI, FL 33181

**New Mailing Address:**

1900 S TREASURE DR #4S  
4S  
NORTH BAY VILLAGE, FL 33141

FEI Number: 72-1617111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIAN PRZYSTUP & ASSOCIATES LLC  
1881 WASHINGTON AVE  
12-E  
MIAMI BEACH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: DAGUER, ALEJANDRO  
Address: 2430 N.E. 135TH ST. SUITE 205  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: DAGUER, ALEJANDRO  
Address: 1900 S TREASUER DR #4S  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: ALEJANDRO DAGUER

P/D

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date