

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075498

FILED
Apr 28, 2008
Secretary of State

Entity Name: MAXIMILIANO CARDOZO, P.A.

Current Principal Place of Business:

14937 S.W. 35TH STREET
DAVIE, FL 33331 US

New Principal Place of Business:

18501 PINES BOULEVARD
SUITE 209
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

14937 S.W. 35TH STREET
DAVIE, FL 33331 US

New Mailing Address:

FEI Number: 20-4970297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDOZO, MAXIMILIANO
14937 S.W. 35TH STREET
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

CARDOZO, MAXIMILIANO M.D.
18501 PINES BOULEVARD
SUITE 209
PEMBROKE PINES, FL 33029 US

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: MAXIMILIANO CARDOZO 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARDOZO, MAXIMILIANO
Address: 14937 S.W. 35TH STREET
City-St-Zip: DAVIE, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: CARDOZO, MAXIMILIANO M.D.
Address: 18501 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: MAXIMILIANO CARDOZO DR. 04/28/2008

Electronic Signature of Signing Officer or Director Date