

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90022 015 \*\*\*150.00

**DOCUMENT # P06000096546**

1. Entity Name  
RN PROFESSIONAL OF MIAMI CORP.



Principal Place of Business

11455 W FLAGLER ST  
APT #504  
MIAMI, FL 33174

Mailing Address

11455 W FLAGLER ST  
APT #504  
MIAMI, FL 33174

40036214



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

15526 SW 32 TERR

3. Mailing Address

15526 SW 32 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007

Chg-P

CR2E034 (12/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

43-2108822

Applied For

Not Applicable

Zip

33185

Country

USA

Zip

33185

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, GRISEL  
11455 W FLAGLER ST  
APT #504  
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HERNANDEZ, GRISEL  
STREET ADDRESS 11455 W FLAGLER ST #504  
CITY-ST-ZIP MIAMI, FL 33174

☐ Delete

TITLE V  
NAME DE ARMAS, CONRAD  
STREET ADDRESS 11455 W FLAGLER ST #504  
CITY-ST-ZIP MIAMI, FL 33174

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

Daytime Phone #