

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000097264

1. Entity Name
THE LAW OFFICE OF GREGG PESSIN, P.A.



Principal Place of Business

3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145

Mailing Address

3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0872964

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PESSIN, GREGG
3191 CORAL WAY
SUITE 1008
MIAMI, FL 33145

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IN THIS SPACE**

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

**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

TITLE PD
NAME PESSIN, GREGG
STREET ADDRESS 1521 LACOSTA DRIVE EAST
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE VD
NAME PESSIN, DAVID
STREET ADDRESS 1521 LACOSTA DRIVE EAST
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE SD
NAME CARRATALA, VIVIAN
STREET ADDRESS 3311 S.W. 92ND PLACE
CITY-ST-ZIP MIAMI, FL 33165

TITLE TD
NAME CARRATALA, JOSE A
STREET ADDRESS 615 S.W. 63RD COURT
CITY-ST-ZIP MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000780513
01/14/08-80024-024 150.00

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IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January - 8 - 2008 - 305-476-7767