


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 001 ***150.00

DOCUMENT # PG6000100971

1. Entity Name
 MIGUEL CLAVEL, P.A.



Principal Place of Business Mailing Address
 13533 NW 9TH ST 13533 NW 9TH ST
 PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028

40121600



2. Principal Place of Business - No P.O. Box #
 13533 N.W. 9th St

3. Mailing Address
 13533 N.W. 9th St

Suite, Apt. #, etc. Suite, Apt. #, etc.

05252007 Chg-P CR2E034 (12/06)

City & State City & State
 Pembroke Pines, FL PEMBROKE PINES, FL

Zip Country Zip Country
 33028 USA 33028 USA

4. FEI Number Applied For
 51-0602518 Not Applicable

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

6. Name and Address of Current Registered Agent
 DENIS, MIGDALIA
 1874 N. YOUNG CIRCLE
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
 Name Migdalia Denis
 Street Address (P.O. Box Number is Not Acceptable)
 13533 N.W. 9th St
 City Pembroke Pines FL Zip Code 33028

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: Miguel Clavel DATE: June 09, 2007

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

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVEL, MIGUEL	NAME	
STREET ADDRESS	13533 NW 9TH ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Miguel Clavel DATE: June 09, 2007 DAYTIME PHONE #: 954.9277410

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