


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90012 023 ***150.00

DOCUMENT # P06000114323 1. Entity Name ERNESTO FROMETA P.A.																									
Principal Place of Business 980 NW 45 AVE 8 MIAMI, FL 33126 US			Mailing Address 980 NW 45 AVE 8 MIAMI, FL 33126 US																						
2. Principal Place of Business - No P.O. Box # 700 NE 26 TERR		3. Mailing Address 700 NE 26 TERR																							
Suite, Apt. #, etc. Apt 606		Suite, Apt. #, etc. Apt 606																							
City & State MIAMI - Florida		City & State MIAMI - Florida																							
Zip 33137		Country US		Zip 33137																					
Country US		Country US																							
6. Name and Address of Current Registered Agent FROMETA ROSS, ERNESTO SR 980 NW 45 AVE 8 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name FROMETA ROSS, ERNESTO SR Street Address (P.O. Box Number is Not Acceptable) 700 NE 26 TERR, Apt 606 City MIAMI FL Zip Code 33137																						
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 <u>N/A</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> <td style="width:70%;">NAME FROMETA ROSS, ERNESTO SR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>980 NW 45 AVE, APT 8</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">change Address</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME FROMETA ROSS, ERNESTO SR	STREET ADDRESS	980 NW 45 AVE, APT 8	}	change Address	CITY-ST-ZIP	MIAMI, FL 33126	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:70%;">NAME FROMETA ROSS, ERNESTO SR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 NE 26 TERR. Apt 606</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">NEW Address</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI - FL - 33137</td> </tr> </table>			TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME FROMETA ROSS, ERNESTO SR	STREET ADDRESS	700 NE 26 TERR. Apt 606	}	NEW Address	CITY-ST-ZIP	MIAMI - FL - 33137
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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: <u>Ernesto Frometa Ross</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02-14-08 786 217 2695 Date Daytime Phone #																						