## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 04, 2007 8:00 am Secretary of State DOCUMENT # P06000128437 05-04-2007 90086 031 \*\*\*158.75 PROFESSIONAL BUSINESS ADVISORS II, INC. Principal Place of Business Mailing Address 11401 SW 40TH STREET, STE 201 11401 SW 40TH STREET, STE 201 MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04302007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5677626 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTA, ZORAIDA Street Address (P.O. Box Number is Not Acceptable) 11401 SW 40TH STREET, STE 201 MIAMI, FL 33165 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. $\overline{\mathsf{VD}}$ TITLE Delete TITLE ☐ Change Addition ORTH, ROBERTO GOSI SW 164 CT ORTA, ZORAIDA NAME NAME STREET ADDRESS 6051 SW 164TH CT. STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP FL 33/93 MAmi VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OTERO, TERESITA STREET ADDRESS 16564 SW 91ST TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truetee 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.

**FILED** 

305-227-075