


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 025 ***150.00

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1. Entity Name
CARLOS G. PENA, M.D. P.A.



Principal Place of Business
**12260 SW 8 ST SUITE 120
 MIAMI, FL 33184**

Mailing Address
**12260 SW 8 ST SUITE 120
 MIAMI, FL 33184**

60043276



2. Principal Place of Business - No P.O. Box #,
8940 NORTH KENDALL DR

3. Mailing Address
8940 NORTH KENDALL DR.

Suite, Apt. #, etc.
701E

Suite, Apt. #, etc.
701E

04022008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL 33176

City & State
MIAMI, FLORIDA

Zip
33176

Country

Zip
33176

Country

4. FEI Number
74-3195319

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PENA, CARLOS G
 42260 SW 8 ST SUITE 120
 MIAMI, FL 33184**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
**11446 N.W. 4 TERRACE
 MIAMI, FLORIDA, 33172**
 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 _____ DATE _____
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
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	PENA, CARLOS G	12260 SW 8 ST SUITE 120	MIAMI, FL 33184	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	CARLOS G. PENA	11446 N.W. 4 TERRACE	MIAMI, FL, 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Dr. Peña **4/2/08** **(306) 514-6395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D/Phone #