

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000152429

1. Entity Name  
ORLANDO T. GUERRA, P.A.



Principal Place of Business  
145 SW 116TH COURT  
MIAMI, FL 33174 US

Mailing Address  
145 SW 116TH COURT  
MIAMI, FL 33174 US

FILED

2008 JAN -7 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-8028949

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GUERRA, ORLANDO T  
145 SW 116TH COURT  
MIAMI, FL 33174

**DO NOT WRITE  
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

1/4/08

**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 P  
NAME GUERRA, ORLANDO T  
STREET ADDRESS 145 SW 116TH COURT  
CITY-ST-ZIP MIAMI, FL 33174

TITLE VP  
NAME VALLADARES, LILIANA H  
STREET ADDRESS 145 SW 116TH COURT  
CITY-ST-ZIP MIAMI, FL 33174

TITLE TREA  
NAME GUERRA, ORLANDO T  
STREET ADDRESS 145 SW 116TH COURT  
CITY-ST-ZIP MIAMI, FL 33174

TITLE SECR  
NAME VALLADARES, LILIANA H  
STREET ADDRESS 145 SW 116TH COURT  
CITY-ST-ZIP MIAMI, FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000115149400  
01/15/08--01016--002 \*\*150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/08