

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90263 035 \*\*\*150.00

<b>DOCUMENT # P07000051781</b> 1. Entity Name <b>NICHOLAS B. BANGOS, P.A.</b>					
Principal Place of Business <b>28 WEST FLAGLER STREET SUITE 1015 MIAMI, FL 33130</b>			Mailing Address <b>28 WEST FLAGLER STREET SUITE 1015 MIAMI, FL 33130</b>		
2. Principal Place of Business - No P.O. Box # <b>1550 MADRUGA AVENUE</b>		3. Mailing Address <b>1550 MADRUGA AVE</b>			
Suite, Apt. #, etc. <b>SUITE 322</b>		Suite, Apt. #, etc. <b>SUITE 322</b>			
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>			
Zip <b>33146</b>		Country <b>USA</b>		Zip <b>33146</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>BANGOS, NICHOLAS B 28 WEST FLAGLER STREET SUITE 1015 MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1550 MADRUGA AVENUE</b> <b>SUITE 322</b> City <b>CORAL GABLES, FL</b> <b>FL</b> Zip <b>33146</b>		
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  (ADDRESS ONLY) <span style="float: right;">05/02/08</span> <small>Signature is typed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>BANGOS, NICHOLAS B 28 WEST FLAGLER STREET SUITE 1015 MIAMI, FL 33130</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an other like empowered.					
SIGNATURE			05/2/08 305-740-9877 <small>Date Daytime Phone #</small>		