2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000059505

1. Entity Name
ADRIANA MOLINA, P.A.

Principal Place of Business	Mailing Address
335 SOUTH BISCAYNE BLVD., SUITE 2708 MIAMI, FL 33131	335 SOUTH BISCAYNE BLVD., SUITE 2708 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
2000 N BAY SHORE DRIVE
Suite, Apt. #, etc.
421
City & State
Miami, FL.
Zip 33137
Country USA

3. Mailing Address
2000 N BAY SHORE DRIVE
Suite, Apt. #, etc.
421
City & State
Miami, FL.
Zip 33137
Country USA

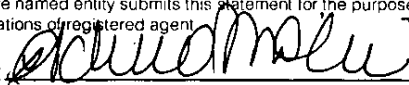04092008   Chg-P   CR2E034 (12/06)

4. FEI Number
26-0219294
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, ADRIANA
335 SOUTH BISCAYNE BLVD., SUITE 2708
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name MOLINA, ADRIANA
Street Address (P.O. Box Number is Not Acceptable)
2000 N BAY SHORE DRIVE, SUITE 421
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.
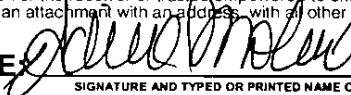
SIGNATURE _____ ADRIANA MOLINA   4/8/08
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	MOLINA, ADRIANA	NAME	ADRIANA MOLINA
STREET ADDRESS	335 SOUTH BISCAYNE BLVD., SUITE 2708	STREET ADDRESS	2000 BAY SHORE DRIVE, SUITE 421
CITY-ST-ZIP	MIAMI, FL 33131 ☐ Delete	CITY-ST-ZIP	MIAMI, FL. 33137. ☒ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 _____ ADRIANA MOLINA, PST.   4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #