


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 046 ***150.00

DOCUMENT # P07000060608	
1. Entity Name ROSANNA CHACARA, P.A.	

Principal Place of Business C/O THE KEYES COMPANY 2121 SW 3RD AVE MIAMI, FL 33129	Mailing Address C/O THE KEYES COMPANY 2121 SW 3RD AVE MIAMI, FL 33129
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40115305



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09032008 Chg-P CR2E034 (12/06)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CHACARA, ROSANNA C/O THE KEYES COMPANY 2121 SW 3RD AVE MIAMI, FL 33129		Name
		Street Address (P.O. Box Number is Not Acceptable)
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 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	P CHACARA, ROSANNA C/O THE KEYES COMPANY 2121 SW 3RD AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Rosanna Chacara** September 3rd, 2008 1 (800) 327-7934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext. 301