

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015134

Entity Name: ROOTS DNA, P.A.

FILED
Jul 05, 2009
Secretary of State

Current Principal Place of Business:

947 LENOX AVE.
#501
MIAMI BEACH, FL 33139

New Principal Place of Business:

5776 SW 74 TERRACE
SOUTH MIAMI, FL 33143

Current Mailing Address:

947 LENOX AVE.
#501
MIAMI BEACH, FL 33139

New Mailing Address:

5776 SW 74 TERRACE
SOUTH MIAMI, FL 33143

FEI Number: 26-1945440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, CLAUDIO
947 LENOX AVE.
#501
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, CLAUDIO
Address: 947 LENOX AVE. #501
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: P () Delete
Name: TAMAYO, YAMIL
Address: 14090 SW 82 ST.
City-St-Zip: MIAMI, FL 33183 US

Title: P () Delete
Name: REILLY, BUCK
Address: 7731 SW 57 AVE. #1
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: REILLY, BUCK
Address: 5776 SW 74 TERRACE
City-St-Zip: SOUTH MIAMI, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO SALAZAR

P

07/05/2009

Electronic Signature of Signing Officer or Director

Date