

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075155

Entity Name: S. ISAAC CHAVEZ, PA

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5118 SW COURTYARDS WAY  
25  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5118 SW COURTYARDS WAY  
25  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 27-0841140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWAN, LAWRENCE  
709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914 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

**OFFICERS AND DIRECTORS:**

Title: DPV  
Name: CHAVEZ, ISAAC  
Address: 5118 SW COURTYARDS WAY UNIT 25  
City-St-Zip: CAPE CORAL, FL 33914

Title: ST  
Name: CHAVEZ, ISAAC  
Address: 5118 SW COURTYARDS WAY UNIT 25  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: ISAAC CHAVEZ

DPV

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date