

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90214 047 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000033371**

1. Corporation Name  
**JUANA MARIA ROJAS, P.A.**



Principal Place of Business  
 1115 N. HIMES AVENUE  
 TAMPA FL 33607

Mailing Address  
 1115 N. HIMES AVENUE  
 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/07/1993**

4. FEI Number  
**59-3217287**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **3405 W. Columbus Dr.** 2a. Mailing Address  
**3405 W. Columbus Dr.**

22 **A** 27 **A**

23 **TAMPA FLORIDA** 28 **TAMPA FLORIDA**

24 **33607** 25 **Hillsborough** 29 **33614** 30 **Hillsborough**

9. Name and Address of Current Registered Agent

**ROJAS, JUANA M**  
**1115 N. HIMES AVENUE**  
**TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name **JUANA M. ROJAS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3405 W. Columbus Drive Suite A**

83

84 City **TAMPA** FL 85 Zip Code **33607**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE **1-19-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD ROJAS, JUANA MARIA</b>	1.2 NAME	
STREET ADDRESS	<b>1115 N. HIMES AVENUE</b>	1.3 STREET ADDRESS	<b>3405 W. Columbus Drive</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	1.4 CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **1-19-99** 813 879-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)