

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 044 ***150.00

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1. Entity Name

N.J. ROSS & ASSOCIATES, CORP.



Principal Place of Business

3032 NW 72ND AVE
MIAMI, FL 33122 US

Mailing Address

420 SOUTH DIXIE HWY
2-K
CORAL GABLES, FL 33146 US

2. Principal Place of Business - No P.O. Box #

3024 NW 72nd Ave

Suite, Apt. #, etc.

3. Mailing Address

822 Jeronimo Dr

Suite, Apt. #, etc.

City & State

MIAMI, FL 33122

Zip

Country

USA

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

01052007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0492360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, ROSSANNA
822 JERONIMO DR
MIAMI, FL 33146

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

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, 2007 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 PVST ☐ Delete
NAME SOTO, ROSSANNA
STREET ADDRESS 822 JERONIMO DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SOTO, ROSSANNA
STREET ADDRESS 822 JERONIMO DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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; and that my name appears in Block 10 or Block 11 if applicable.