

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000018344 1. Entity Name REVUELTA VEGA LEON P.A.					
Principal Place of Business 2950 SW 27 AVE SUITE 310 MIAMI FL 33133 US			Mailing Address 2950 SW 27 AVE 310 MIAMI FL 33133 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0562927				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIR, HECTOR J 2655 LE JEUNE RD SUITE 1107 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent 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 incorporating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVUELTA, LUIS O 2950 SW 27 AVE # 310 MIAMI FL 33133	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UN00000419237 02/14/06-80039-011 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NESTOR, VEGA 9232 SW 127 AVE MIAMI FL 33186	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEGISBERTO, LEON J 8701 SW 86 AVE MIAMI FL 33143	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, on an attachment with this report.

SIGNATURE: _____

1/30/06 305-575-1080