

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 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**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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**

**000000586773
01/17/07-80007-011 158.75**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **REVUELTA, LUIS O**
STREET ADDRESS **2950 SW 27 AVE # 310**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VP**
NAME **NESTOR, VEGA**
STREET ADDRESS **9232 SW 127 AVE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VP**
NAME **SEGISBERTO, LEON J**
STREET ADDRESS **8701 SW 86 AVE**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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, or on an attachment with an address from all other like employment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 305-529-1080