

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000066186

1. Entity Name
GOLDMAN, NACCARATO, PATTERSON, VELA &
ASSOCIATES, INC.



Principal Place of Business
1570 NW 14 STREET
MIAMI, FL 33125 US

Mailing Address
1570 NW 14 STREET
MIAMI, FL 33125 US



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0603804
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NACCARATO, ROSA
1570 NW 14 STREET
MIAMI, FL 33125

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NACCARATO, ROSA
STREET ADDRESS 1570 NW 14 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE VD
NAME GOLDMAN, SANDRA
STREET ADDRESS 1570 NW 14 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD
NAME GUSTAVO, VELA
STREET ADDRESS 1570 NW 14 ST
CITY-ST-ZIP MIAMI, FL 33135

TITLE TD
NAME VELA, GUSTAVO
STREET ADDRESS 1570 NW 14 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000838549
03/05/08-80035-003 158.75

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, with all other like empowered.

SIGNATURE:

Gustavo Vela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 305-545-8434
Date Daytime Phone #