


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 013 ***150.00

DOCUMENT # P96000014047 1. Entity Name BOLANOS TRUXTON, P.A.			
Principal Place of Business 2121 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134 US		Mailing Address 2121 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # 2121 PONCE DE LEON BLVD. Suite, Apt. #, etc. 950		3. Mailing Address 2121 PONCE DE LEON BLVD. Suite, Apt. #, etc. 950	
City & State CORAL GABLES, FL Zip 33134		City & State CORAL GABLES, FL Zip 33134	
Country US		Country US	
4. FEI Number 65-0640695		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLANOS, JOSE A 2121 PONCE DE LEON BLVD., 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name BOLANOS, JOSE A Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. 950 City CORAL GABLES FL Zip Code 33134	
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 <u><i>Jose A. Bolanos</i></u> JOSE A. BOLANOS <u><i>January 23, 2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLANOS, JOSE 2121 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2121 PONCE DE LEON BLVD, STE 950 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TRUXTON, GREGG S. 2121 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TRUXTON, GREGG S 12800 UNIVERSITY DR. STE 350 FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without other like empowered.			
SIGNATURE: <u><i>Jose A. Bolanos</i></u> JOSE A. BOLANOS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JAN. 23, 2008 (305) 567-0424 <small>Date Daytime Phone #</small>	