


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90067 007 \*\*\*150.00

<b>DOCUMENT # P97000072761</b>	
1. Entity Name <b>DOPAZO &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>8405 NW 53 ST</b> <b>C102</b> <b>MIAMI, FL 33166 US</b>	Mailing Address <b>8405 NW 53 ST</b> <b>C102</b> <b>MIAMI, FL 33166 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3900 NW 79TH AVE</b>	3. Mailing Address <b>3900 NW 79TH AVE</b>
Suite, Apt. #, etc. <b>#700</b>	Suite, Apt. #, etc. <b>#700</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33166</b>	Country <b>US</b>

01192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0775395**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>DOPAZO, MAXIMO A</b> <b>8035 SW 107TH AVE</b> <b>#206</b> <b>MIAMI, FL 33173</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>DOPAZO, MAXIMO A.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>8415 SW 107 AVE #219 W</b>
City <b>MIAMI, FL</b> Zip Code <b>33173</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>DOPAZO, MAXIMO A</b> <b>8035 SW 107 AVE #206</b> <b>MIAMI, FL 33173</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOPAZO, MAXIMO A</b> <b>8035 SW 107 AVE #206</b> <b>MIAMI, FL 33173</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8415 SW 107 AVE #219 W</b> <b>MIAMI, FL 33173</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/07 (305) 470-8500**  
Date Daytime Phone #