


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90239 007 ***150.00

DOCUMENT # P98000043887

1. Entity Name
GUILLERMO F. MASCARO, PROFESSIONAL ASSOCIATION



Principal Place of Business
**2701 LEJEUNE ROAD SUITE 350
 CORAL GABLES, FL 33134**

Mailing Address
**2701 LEJEUNE ROAD SUITE 350
 CORAL GABLES, FL 33134**



2. Principal Place of Business - No P.O. Box #
9415 Sunset Drive

3. Mailing Address
9415 Sunset Drive

Suite, Apt. #, etc.
256

01042007 Chg-P CR2E034 (12/06)

City & State
Miami FL

City & State
Miami, FL

4. FEI Number
65-0839089

Applied For
 Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

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

6. Name and Address of Current Registered Agent

**MASCARO, GUILLERMO F
 2701 LEJEUNE ROAD SUITE 350
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Guillermo F. Mascaro

Street Address (P.O. Box Number is Not Acceptable)
9415 Sunset Drive, Suite 256

City
Miami

FL Zip Code
33173

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 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**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASCARO, GUILLERMO F 2701 LEJEUNE ROAD SUITE 350 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Guillermo F. Mascaro 9415 Sunset Drive, # 256 Miami, FL 33173 |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <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: Guillermo F. Mascaro **1-5-07** **305-445-3731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #