2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000043887

1. Entity Name

GUILLERMO F. MASCARO, PROFESSIONAL ASSOCIATION



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

9415 SUNSET DRIVE #256 MIAMI, FL 33173 Mailing Address

9415 SUNSET DRIVE #256 MIAMI, FL 33173



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0839089

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MASCARO, GUILLERMO F 9415 SUNSET DRIVE, SUITE 256 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ing 🔲	\$5.00 May Be Added to Fees	U00000781085 01/15/08-80021-002 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASCARO, GUILLERMO F 9415 SUNSET DRIVE #256 MIAMI, FL 33173				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

HATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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