


2007. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90084 015 ***150.00

DOCUMENT # P99000039396 1. Entity Name RIGOBERTO REGUERO CORP.					
Principal Place of Business 1800 SW 1ST ST. SUITE 201 MIAMI FL 33135			Mailing Address 1800 SW 1ST ST. SUITE 201 MIAMI FL 33135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0917250	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent REGUERO, RIGOBERTO 420 SW 49 AVE. MIAMI FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and filer (applicable). (NOTE: Registered Agent signature required when re-registering) (GAT)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD REGUERO, RIGOBERTO 420 SW 49TH AVE MIAMI FL 33134	<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	SD REGUERO, ESTRELLA A 420 SW 49TH AVE MIAMI FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Rigoberto P. Reguero MD 03-15-07 (20) 6491700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
40063036

"RIGOBERTO REGUERO CORP."

1800 SW 1 STREET STE # 201

MIAMI FL 33135

Ph 305-6491700

Fax 786-2611808

April 11th, 2007

To : **FLORIDA DEPT. OF STATE**
Division of Corporations.
P.O.BOX 6327
Tallahassee FL 32314

Subject : **RIGOBERTO REGUERO CORP.**
Reference No. P99000039396

Dear Sir/ Madam :

Please, notice that our annual corporation report was sent on 03/15/07 along with a check No. 3238 for the amount of \$150.00 .

At this time a stop payment has been requested for the aforementioned check and another one has been issued for such amount in order to file the enclosed profit annual report.

Should you have any question or concern, please feel free to contact to me at the above references.

Sincerely,


RIGOBERTO REGUERO, MD.
In behalf of " RIGOBERTO REGUERO CORP."