


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90099 019 ***150.00

DOCUMENT # P99000107686 1. Entity Name VARGAS & ZION, P.A.	
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Principal Place of Business 200 SOUTHEAST 15TH ROAD SUITE 10B MIAMI, FL 33129 US	Mailing Address 200 SE 15TH ROAD, 10-B MIAMI, FL 33129
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03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZION, FRAN E ESQ 200 SOUTHEAST 15TH ROAD SUITE 10-B MIAMI, FL 33129
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZION, FRAN E 200 SOUTHEAST 15 ROAD SUITE 10-B MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, PRISCILLA 200 SOUTHEAST 15 ROAD SUITE 10-B MIAMI, FL 33129
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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:  **As President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 (305) 933-2000
Date Daytime Phone #