


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S69738 1. Entity Name LANCELLA & HERNANDEZ, P.A.	
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Principal Place of Business 2 DATRAN CENTER - SUITE 1623 9130 S. DADELAND BLVD. MIAMI, FL 33156-7851 US	Mailing Address 2 DATRAN CENTER - SUITE 1623 9130 S. DADELAND BLVD. MIAMI, FL 33156-7851 US
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01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0276387	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

LANCELLA, PABLO
2 DATRAN CENTER - SUITE 1623
9130 S. DADELAND BLVD.
MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D LANCELLA, PABLO 9130 S DADELAND BLVD., #1623 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, RENE A 9130 S DADELAND BLVD #1623 MIAMI, FL
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01/14/08-80024-022 150.00

**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 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: Pablo Lancell PRESIDENT 1/8/08 305-670-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #