

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 013 ***150.00

DOCUMENT # S82270
 1. Entity Name
 RAMON HOSPITALET, P.A.



Principal Place of Business
 14355 COMMERCE WY
 HIALEAH, FL 33016 US

Mailing Address
 14355 COMMERCE WY
 HIALEAH, FL 33016 US

40041938



2. Principal Place of Business - No P.O. Box #
 14355 COMMERCE WAY

3. Mailing Address
 14355 COMMERCE WAY

Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State
 MIAMI LAKES, FL

City & State
 MIAMI LAKES, FL

Zip
 33016

Country

4. FEI Number
 65-0314082

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOSPITALET, RAMON A.
 9010 N.W. 145TH LANE
 MIAMI, FL 33018

7. Name and Address of New Registered Agent
 Name
 HOSPITALET RAMON A.
 Street Address (P.O. Box Number is Not Acceptable)
 14355 COMMERCE WAY
 City
 MIAMI LAKES FL Zip Code
 33016

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 *Ramon Hospitalet* RAMON A. Hospitalet 03/23/2007
 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	DPT HOSPITALET, RAMON A. 9010 N.W. 145TH LANE MIAMI, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S HOSPITALET, REGLA 9010 N.W. 145TH LANE MAIMI, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP HOSPITALET, RAYMOND 9010 NW 145TH LANE MIAMI, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Ramon Hospitalet*

03/23/2007 (305) 557-3565