

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82270

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: RAMON HOSPITALET, P.A.

## Current Principal Place of Business:

14355 COMMERCE WY  
HIALEAH, FL 33016 US

## New Principal Place of Business:

14355 COMMERCE WY  
MIAMI LAKES, FL 33016 US

## Current Mailing Address:

14355 COMMERCE WY  
HIALEAH, FL 33016 US

## New Mailing Address:

14355 COMMERCE WY  
MIAMI LAKES, FL 33016 US

FEI Number: 65-0314082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOSPITALET, RAMON A.  
14355 COMMERCE WAY  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: HOSPITALET, RAMON A.,  
Address: 9010 N.W. 145TH LANE  
City-St-Zip: MIAMI, FL 33018

Title: D/S ( ) Delete  
Name: HOSPITALET, REGLA,  
Address: 9010 N.W. 145TH LANE  
City-St-Zip: MAIMI, FL 33018

Title: DVP ( ) Delete  
Name: HOSPITALET, RAYMOND  
Address: 9010 NW 145TH LANE  
City-St-Zip: MIAMI, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON HOSPITALET

P

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date