## FILED Jul 16, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT 07-16-2007 90123 033 \*\*\*150.00 **DOCUMENT # S86945** JOSÉPH R. PADRON, P.A. 40152110 Principal Place of Business Mailing Address 13705 SW 32ND ST 13358 SW 128 ST MIAMI, FL 33186 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06082007 CR2E034 (12/06) Applied For 4. FEL Number City & State City & State 65-0292192 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADRON, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 13705 SW 32ND ST MIRAMAR, FL 33027 City A V/E 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the

Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME PADRON, JOSEPH R NAME 93 LT LAGOON PLACE # 106 STREET ADDRESS STREET ADDRESS 1<del>3705 SW 92ND ST -</del> MIRAMAR, FL 33027 CITY ST ZIP DAVIE FL 3332Y CITY ST-71P ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete HHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP City St- ZIP --☐ Celete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental peoprt 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 amportance 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.

Date

Daytime Phone \*

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



## JOSEPH R. PADRON, P.A. Certified Public Accountant 13358 Southwest 128<sup>th</sup> Street Miami, Florida 33186

ATTACHMENT 40125118 # 586945

(CPA)

Tel (305) 253 - 2000 Fax (305) 253 - 3237 E-mail: joe@padroncpa.com

July 9, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: S86945

Dear Sirs:

I have just received this notice regarding my annual fees. I have completed the form and it is included with this letter. I thank you for your consideration in this matter. I have moved and been out of town redently. The mail has just caught up with me.

Joseph R. Padron, C.P.A.

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