


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90124 043 ***150.00

DOCUMENT # V30228					
1. Entity Name HUGO E. DORTA, P.A.					
Principal Place of Business 1221 BRICKELL AVE. 2650 MIAMI, FL 33131 US			Mailing Address 1221 BRICKELL AVE. 2650 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 808 Brickell Key Drive			3. Mailing Address 808 Brickell Key Drive		
Suite, Apt. #, etc. 2804			Suite, Apt. #, etc. 2804		
City & State Miami, FL			City & State Miami, FL		
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 65-0329104	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DORTA, HUGO E 1221 BRICKELL AVE. STE 2650 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Hugo E. Dorta Street Address (P.O. Box Number is Not Acceptable) 808 Brickell Key Drive Suite 2804 City Miami FL Zip Code 33131	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DORTA, HUGO E. 1221 BRICKELL AVE., STE. 2650 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM President Hugo E. Dorta 808 Brickell Key Drive, Suite 2804 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					