

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V44795

1. Entity Name
MICHAEL G. SALAZAR, P.A.



FILED

07 JUL 16 PM 1:01

Principal Place of Business
2860 W. STATE ROAD 84
#103
FT. LAUDERDALE, FL 33312 US

Mailing Address
2860 W. STATE ROAD 84
103
FT. LAUDERDALE, FL 33312 US

2. Principal Place of Business - No P.O. Box #
633 S. Andrews Ave.

3. Mailing Address
633 S. Andrews Ave.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Ft. Lauderdale, FL

City & State
Ft Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

06272007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0348644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAZAR, MICHAEL G JR
2860 WEST STATE ROAD 84
SUITE 103
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
Salazar, Michael G Jr

Street Address (P.O. Box Number is Not Acceptable)
633 S. Andrews Ave.

Suite 200

City
Ft. Lauderdale FL Zip Code
33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

DPVT
SALAZAR, MICHAEL G JR.
5925 NW 97TH DRIVE
PARKLAND, FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SALAZAR, MICHAEL G JR.
5925 NW 97TH DRIVE
PARKLAND, FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Amended 7/1/07 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800106409202
07/19/07--01056--010 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 #