2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V70837 1. Entity Name RENALDY J. GUTIERREZ, P.A.

Principal Place of Business

601 BRICKELL KEY DR

STE. 201 MIAMI, FL 33131 US Mailing Address

601 BRICKELL KEY DR STE. 201

MIAMI, FL 33131 US

FILED May 02, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0374073 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J. 601 BRICKELL KEY DR STE 201

MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

		1				
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 abugations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000943146	
10.	OFFICERS AND DIREC	CTORS			05/29/08-80048-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GUTIERREZ, RENALDY J. 601 BRICKELL KEY DRIVE, SUITE 20 MIAMI, FL 33131	01			00/20/00-000 1 0-001 [30.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, LOURDES M 601 BRICKELL KEY DRIVE, SUITE 20 MIAMI, FL 33131	01				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, LOURDES N 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:			
12. I hereby certify that the information supplied with this filling 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 lengt affect as if made under cath, that I am an officer or director.						

of the corporation or the receiver or trusted 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 TYPE

Renaldy J. Gutierrez

4/28/2008

305-577-4500

Daytime Phone #