

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029970

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: SALAZAR, SANTIAGO, VILLEGAS, SABATES & CABRAL, P.A.

**Current Principal Place of Business:**

5000 UNIVERSITY DR  
3RD FLOOR  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 430980  
MIAMI, FL 33243

**New Mailing Address:**

FEI Number: 65-0824084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALAZAR, JUAN  
5000 UNIVERSITY DR  
3RD FLOOR  
CORAL GABLES, FL 33146 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: P ( ) Delete  
Name: SALAZAR, JUAN  
Address: 5000 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete  
Name: SANTIAGO, CARLOS  
Address: 5000 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: VILLEGAS, SERGIO  
Address: 5000 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: M ( ) Delete  
Name: SABATES, BRAULIO  
Address: 5000 UNIVERSITY DR  
City-St-Zip: MIAMI, FL 33146

Title: M ( ) Delete  
Name: CABRAL, AMADEO H DR  
Address: 5000 UNIVERSITY DRI  
City-St-Zip: CORAL GABLES, FL 33146

**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:

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: TERESITA SALAZAR-KRAUSS

M

02/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date