


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 A
Secretary of State


DOCUMENT # P98000034957

1. Entity Name
 SANTIAGO D. ECHEMENDIA, P.A.



Principal Place of Business 1441 BRICKELL AVENUE 15 FLOOR MIAMI, FL 33131 US	Mailing Address 1441 BRICKELL AVENUE 15 FLOOR MIAMI, FL 33131 US
---	---

DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0840847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EHEMENDIA, SANTIAGO D
 1441 BRICKELL AVENUE
 15 FLOOR
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000674132
 03/29/07-80056-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EHEMENDIA, SANTIAGO D
STREET ADDRESS	1441 BRICKELL AVENUE 15 FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Santiago D Echemendia Date: 3/14/07 (305) 576-8420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #