2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90077 031 ***163.75

DOCUMENT # P06000012825

1. Entity Name
COSETTE SANCHEZ, P.A.

Principal Place of Business	Mailing Address
3025 S.W. 76TH AVENUE MIAMI, FL 33155 US	3025 S.W. 76TH AVENUE MIAMI, FL 33155 US

01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3025 SW 76 AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State
Zip: FL 33155 Country:	Zip Country

4. FEI Number: 20-4215101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF ANNETTE INFANTE, P.A.
8464 S.W. 8TH STREET
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: Cosette Sanchez
Street Address (P.O. Box Number is Not Acceptable): 3025 SW 76 Avenue
Miami FL 33155
City: MIAMI FL Zip Code: 33155

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] 1/17/07
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, V SANCHEZ, COSETTE 3025 S.W. 76TH AVENUE MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 1/17/07 (786) 4882092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #