2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051688

Entity Name: MARIA VICTORIA MARABOTTO, P.A.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

269 GIRALDA AVENUE 232 ANDALUSIA AVENUE

SUITE 201 SUITE 202
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

269 GIRALDA AVENUE
SUITE 201
CORAL GABLES, FL 33134
232 ANDALUSIA AVENUE
SUITE 202
CORAL GABLES, FL 33134
CORAL GABLES, FL 33134

FEI Number: 20-1082657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARABOTTO, MARIA VICTORIA
269 GIRALDA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

MARABOTTO, MARIA VICTORIA
232 ANDALUSIA AVENUE
SUITE 202
CORAL GABLES, FL 33134 US

CORAL GABLES, FL 33134 US

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: M. VICTORIA MARABOTTO 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MARABOTTO, MARIA VICTORIA MARABOTTO, MARIA VICTORIA Name: Name: 269 GIRALDA AVENUE, SUITE 201 Address: 232 ANDALUSIA AVENUE, SUITE 202 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete Title: D (X) Change () Addition
Name: MARABOTTO, MARIA VICTORIA Name: MARABOTTO, MARIA VICTORIA
Address: 269 GIRALDA AVENUE, SUITE 201 Address: 232 ANDALUSIA AVENUE, SUITE 202

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

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: M. VICTORIA MARABOTTO PRES 05/01/2008