


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90041 048 \*\*\*150.00

**DOCUMENT # 536124**

1. Entity Name  
 DE CARDENAS & FREIXAS, P.A.



Principal Place of Business      Mailing Address

~~14 NE FIRST AVENUE~~      ~~14 NE FIRST AVENUE~~  
~~SUITE 704~~      ~~SUITE 704~~  
~~MIAMI, FL 33132~~      ~~MIAMI, FL 33132~~

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

25 Southeast 2nd Avenue      25 Southeast 2nd Avenue

Suite, Apt. #, etc.      Suite, Apt. #, etc.

Suite #425      Suite #425


City & State      City & State

Miami, Florida      Miami, Florida

Zip      Country      Zip      Country

33131      USA      33131      USA

40010677



01302007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

59-1751830      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREIXAS, M. OSCAR  
 25 SOUTHEAST SECOND AVENUE  
 SUITE 425  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 re-registering)      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

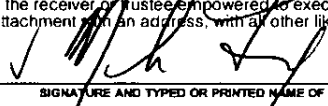
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DE CARDENAS, MARIO E.	
STREET ADDRESS	225 SOUTHEAST SECOND AVENUE, STE 425	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREIXAS, M. OSCAR	
STREET ADDRESS	225 SOUTHEAST SECOND AVENUE, STE 425	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIXAS, M. OSCAR	
STREET ADDRESS	25 Southeast Second Avenue, Ste. 425	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       Date: 1/29/07      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR