

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
May 02, 2008 8:00 am
Secretary of State

04-11-2008 90041 006 ***150.00

DOCUMENT # 692178	
1. Entity Name EMILIO DE LA CAL, ATTORNEY AT LAW, P.A.	

Principal Place of Business 780 N.W. LE JEUNE RD. 525 MIAMI FL 33126 US	Mailing Address 780 N.W. LE JEUNE RD. 525 MIAMI FL 33126 US
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66009380



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 6161 Blue Lagoon Dr. #400	3. Mailing Address 6161 Blue Lagoon Dr. 400
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Suite, Apt. #, etc. 400	Suite, Apt. #, etc. 400
City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Country Miami-Dade

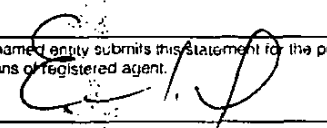
4. FEI Number 59-2119919	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LA CAL, EMILIO 780 NW LE JEUNE RD, #525 MIAMI FL 33126	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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  DATE **3-31-08**

NOTE: Registered Agent agreement required when changing agent.

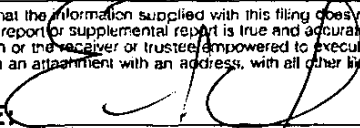
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELA CAL, EMILIO 780 NW LE JEUNE, #525 MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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  **EMILIO DE LA CAL** DATE **4-19-08** DAYTIME PHONE **305 267 4661**