

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692178

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** EMILIO DE LA CAL, ATTORNEY AT LAW, P.A.

**Current Principal Place of Business:**

6161 BLUE LAGOON DR  
STE 400  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

6161 BLUE LAGOON DR  
STE 400  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 59-2119919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA CAL, EMILIO  
780 NW LE JEUNE RD, #525  
MIAMI, FL 33126 US

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

DE LA CAL, EMILIO  
6161 BLUE LAGOON DR.  
400  
MIAMI, FL 33126 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: EMILIO DE LA CAL

02/11/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELACAL, EMILIO,  
Address: 780 NW LE JEUNE, #525  
City-St-Zip: MIAMI, FL

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

Title: PD (X) Change ( ) Addition  
Name: DELACAL, EMILIO,  
Address: 6161 BLUE LAGOON DR., SUITE 400  
City-St-Zip: MIAMI, FL 33126 US

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: EMILIO DE LA CAL

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date