2008 FOR PROFIT CORPORATION

Feb 25, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT #F33946 1. Entity Name RAUL BRIZUELA, P.A. Principal Place of Business Mailing Address 6940 SUNRISE DRIVE **6940 SUNRISE DRIVE** CORAL GABLES, FL 33133 CORAL GABLES, FL 33133 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2090083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BRIZUELA, RAUL DO NOT WRITE 6940 SUNRISE DRIVE CORAL GABLES, FL 33133 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agen) signature required when reinstating) U00000838272 03/05/08-80024-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME BRIZUELA, RAUL 6940 SUNRISE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this tiling 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 rule 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 trastee employered 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.

IGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

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