


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
07 MAY -1 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F55694 1. Entity Name AGUSTIN DE GOYTISOLO, P. A.	
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Principal Place of Business 600 BILTMORE WAY SUITE 1205 CORAL GABLES, FL 33134-7534 US	Mailing Address 600 BILTMORE WAY SUITE 1205 CORAL GABLES, FL 33134-7534 US
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DO NOT WRITE IN THIS SPACE

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04302007 No Chg-P CR2E034 (11/05)

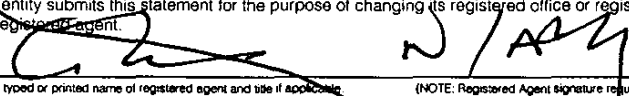
4. FEI Number 59-2143144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE GOYTISOLO, AGUSTIN
600 BILTMORE WAY
SUITE 1205
CORAL GABLES, FL 33134-7534

**DO NOT WRITE
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  DATE 04/20/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

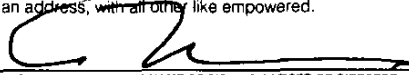
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS DE GOYTISOLO, AGUGTIN 600 BILTMORE WAY, SUITE 1205 CORAL GABLES, FL 331347534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT DE GOYTISOLO, JOSEFINA G 600 BILTMORE WAY, SUITE 1205 CORAL GABLES, FL 331347534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE GOYTISOLO, AGUSTIN 1550 MADRUGA AVE. #403 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/24/07--01026--009 **150.00

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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 04/20/07 DAYTIME PHONE 6059795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone