


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PH 1:50

DOCUMENT # F55694 1. Entity Name AGUSTIN DE GOYTISOLO, P. A.	
---	---

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
---	---



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

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

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

04292008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2143144	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY SUITE 1205 CORAL GABLES, FL 33134-7534	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 _____ DATE _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE: DPTS NAME: DE GOYTISOLO, AGUSTIN STREET ADDRESS: 600 BILTMORE WAY, SUITE 1205 CITY-ST-ZIP: CORAL GABLES, FL 331347534 <input type="checkbox"/> Delete	TITLE: VPAT NAME: DE GOYTISOLO, JOSEFINA G STREET ADDRESS: 600 BILTMORE WAY, SUITE 1205 CITY-ST-ZIP: CORAL GABLES, FL 331347534 <input type="checkbox"/> Delete
TITLE: AS NAME: DE GOYTISOLO, AGUSTIN STREET ADDRESS: 2977 MCFARLANE DRIVE, #303 CITY-ST-ZIP: COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  05/07/08 305 443 1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #