


2010 FOR PROFIT CORPORATION ANNUAL REPORT


SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 26 AM 9:12

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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BK

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03122010 Chg-P CR2E034 (11/08)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2010 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	DPTS DE GOYTISOLO, AGUSTIN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	600 BILTMORE WAY, SUITE 1205 CORAL GABLES, FL 331347534		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VPAT DE GOYTISOLO, JOSEFINA G	<input type="checkbox"/> Delete	TITLE NAME	400181073974 05/19/10--01004--004 **272.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	600 BILTMORE WAY, SUITE 1205 CORAL GABLES, FL 331347534		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	AS DE GOYTISOLO, AGUSTIN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2977 MCFARLANE DRIVE, #303 COCONUT GROVE, FL 33133		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

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: _____ 04/10/10 443 0132

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