2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G19469

1. Entity Name LOUIS IGNACIO CORREA P.A.



FILED Feb 01, 2008 08:00 AN **Secretary of State**

Principal Place of Business

6845 WILLOW WOOD DR., 3012 BOCA RATON, FL 33434 US Mailing Address

6845 WILLOW WOOD DR., 3012 BOCA RATON, FL 33434



01302008

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-2260802 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUIS CORREA 6845 WILLOW WOOD DR #3012 BOCA RATON, FL 33434

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. Signature: Signatur				•			
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00 10. OFFICERS AND DIRECTORS TITLE PST CORREA, LUIS SIREET ADDRESS G845 WILLOW WOODD DR #3012 BOCA RATON, FL 33434 TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE T	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.						
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PST CORREA, LUIS 6845 WILLOW WOOD DR #3012 CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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I hereby certify that the information expolled 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 suppliemental 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 additions, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Louis Conner President

1-30.2008