## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2008 08:00 AM Secretary of State

	AIIIVAL	KEFOKI		_	Sagnatamy of St
DOCUMENT # G49718  1. Enlity Name LAW OFFICES OF MARIO QUINTERO JR., P.A.					Secretary of St
Principal Pla	ce of Business	Mailing Address		1	
6401 SW 87	7 AVE	6401 SW 87 AVE		Į.	
SUITE 100		SUITE 100			
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•		1111001		4. FEI Number 59-2321734	Applied For Not Applicable
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	. "	en tra	يها يا معمود الرائم والأماريات	5. Certificate of Status De	esired  Fee Required
	6. Name and Address of Current R	egistered Agent	,	,	
OUNTERO MARIO IR ESO				e capa and	
QUINTERO, MARIO, JR., ESQ. 6401 SW 87 AVENUE				DO NOT	WRITE
SUITE 100					
MIAMI, FL 33173				IN THIS	SPACE
1				•	
8. The above	e named entity submits this statement for	the purpose of changing its regi	stered office or register	red agent, or both, in the Sta	te of Florida. I am familiar with, and accept
the obliga	ttions of registered agent.	the purpose of changing havegi	atered office of register	red agent, or com, in the sta	te or ronda. Tarriarnila with, and accept
SIGNATURE					
OND AT U	Signature, typed or printed name of registered agent ar	d title d'applicable. (NOTE: Reg	et rad Agent signature required	d when reinstating)	DATE
FII After M	LE NOWIII FEE IS \$150.00	. 9. Election Campaign F Trust Fund Contribut	inancing \$5,	.00 May Be	
10.	OFFICERS AND E	DIRECTORS			
THILE	DP				
NAME	QUINTERO, MARIO JR ESQ				•
STREET ADDRESS	1			· p	
CITY-ST-ZIP	MIAMI, FL 33176				
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CITY-ST-ZIP					4.5 ( )
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TITLE			<b>-</b>	3	· · · .
TITLE NAME STREET ADDRESS					

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 atjachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/08

305.275.8500

Daytime Phone #