


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 003 ***150.00

DOCUMENT # H02517 1. Entity Name IVAN R. LLORENTE, P.A.			
Principal Place of Business C/O IVAN R. LLORENTE 2801 PONCE DE LEON BLVD SUITE 1000 CORAL GABLES, FL 33134		Mailing Address C/O IVAN R. LLORENTE 2801 PONCE DE LEON BLVD SUITE 1000 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 95 MERRICK WAY Suite, Apt. #, etc. suite 250		3. Mailing Address 95 MERRICK WAY Suite, Apt. #, etc. suite 250	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134	Country	Zip 33134	Country
4. FEI Number 59-2405192		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 LLORENTE, IVAN R. 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 95 MERRICK WAY, suite 250 City CORAL GABLES FL Zip Code 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS LLORENTE, IVAN R. 2801 PONCE DE LEON #1000 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	95 MERRICK WAY, suite 250 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 IVAN R. LLORENTE		Date 3/12/07 Daytime Phone # 305-445-0777	