

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19612

FILED
Apr 21, 2008
Secretary of State

Entity Name: CORZO CASTELLA CARBALLO THOMPSON SALMAN, P.A.

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0039493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTELLA, RAMON
5911 SW 29 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: SALMAN, JAVIER F.
Address: 1534 MANTUA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VTD () Delete
Name: CASTELLA, RAMON
Address: 5911 SW 29 STREET
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: CARBALLO, ROBERT T
Address: 14371 SW 29 STREET
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: CREWS, JEFFREY S
Address: 899 SW 12 AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: VD () Delete
Name: PEVIDA, WALFRIDO J
Address: 8240 SW 34 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: VD () Delete
Name: GLUNT, TERRANCE N
Address: 1456 SE 6TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON CASTELLA

VICE

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date