

# L03000 006240

2007

## ANNUAL REPORT

FILED  
07 MAY -1 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

A. de Goytisolo P.A.  
1550 Madruga Ave, ste. 403  
Coral Gables FL 33146-3019

DO NOT WRITE  
IN THIS SPACE

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.

BK

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

### 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MD - Julie G. Goytisolo  
66 VALERIA AVE #801  
CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AMD + Secretary  
A. de Goytisolo P.A.  
1550 Madruga Ave, ste. 403  
Coral Gables FL 33146-3019

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07

6689795

Date Daytime Phone #