
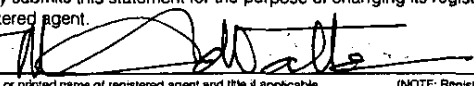
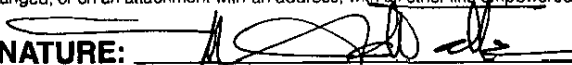


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 026 \*\*\*150.00

<b>DOCUMENT # L60215</b> 1. Entity Name MARIA-CRISTINA DEL-VALLE, P.A.		
Principal Place of Business <del>% MARIA-CRISTINA DEL-VALLE, ESQ.                  801 BRICKELL AVE, SUITE 1901                  MIAMI, FL 33131 US</del>		Mailing Address <del>% MARIA-CRISTINA DEL-VALLE, ESQ.                  801 BRICKELL AVE, SUITE 1901                  MIAMI, FL 33131 US</del>
2. Principal Place of Business c/o MARIACRISTINA DEL-VALLE, Esq. Suite, Apt. #, etc. 201 ALHAMBRA CIRCLE, Suite 601		3. Mailing Address SAME
City & State CORAL GABLES FL		City & State CORAL GABLES FL
Zip 33134		Country USA
4. FEI Number 65-0185404		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 DEL-VALLE, MARIA-CRISTINA 2 ALHAMBRA PLAZA PENTHOUSE 2-B MIAMI, FL 33134		7. Name and Address of New Registered Agent Name DEL-VALLE, MARIACRISTINA Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 601 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)</small>		DATE 2/17/09
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE PSD NAME DEL-VALLE, MARIA-CRISTINA STREET ADDRESS 2 ALHAMBRA PLAZA - PENTHOUES 20B CITY-ST-ZIP MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE PSD NAME MARIACRISTINA DELVALLE STREET ADDRESS 201 Alhambra Circle, Suite 601 CITY-ST-ZIP CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MARIACRISTINA DELVALLE		DATE 2/17/09 (307) 357-1001 <small>Daytime Phone #</small>

00022575



02172005 Chg-P CR2E034 (10/03)