
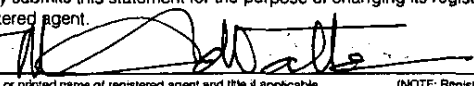
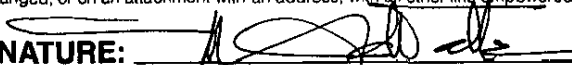


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-04-2005 90094 026 ***150.00

DOCUMENT # L60215			
1. Entity Name MARIA-CRISTINA DEL-VALLE, P.A.			
Principal Place of Business % MARIA-CRISTINA DEL-VALLE, ESQ. 801 BRICKELL AVE, SUITE 1901 MIAMI, FL 33131 US		Mailing Address % MARIA-CRISTINA DEL-VALLE, ESQ. 801 BRICKELL AVE, SUITE 1901 MIAMI, FL 33131 US	
2. Principal Place of Business c/o MARIACRISTINA DEL-VALLE, Esq. Suite, Apt. #, etc. 201 ALHAMBRA CIRCLE, Suite 601		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State CORAL GABLES FL		City & State	
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 		DATE 2/17/09	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSD DEL-VALLE, MARIA-CRISTINA 2 ALHAMBRA PLAZA - PENTHOUES 20B MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARIACRISTINA DELVALLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle, Suite 601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DATE 2/17/09 (307) 357-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIACRISTINA DELVALLE		DATE Daytime Phone #	

00022575



02172005 Chg-P CR2E034 (10/03)