


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**


03-10-2006 90006 031 \*\*\*150.00

<b>DOCUMENT # L60215</b>	
1. Entity Name MARIA-CRISTINA DEL-VALLE, P.A.	

Principal Place of Business C/O MARIA-CRISTINA DEL-VALLE, ESQ. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 US	Mailing Address % MARIA-CRISTINA DEL-VALLE, ESQ. <del>601 BRICKELL AVE, SUITE 7901</del> <del>MIA, FL 33131 US</del> Same
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**DO NOT WRITE IN THIS SPACE**

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03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0185404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DEL-VALLE, MARIA-CRISTINA  
 201 ALHAMBRA CIRCLE  
 SUITE 601  
 CORAL GABLES, FL 33134

**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.

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


**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PSD DEL-VALLE, MARIA-CRISTIN 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134
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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 empowerments.

**SIGNATURE:**  **3/2/06 (305) 357-1001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #