


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90104 038 ***150.00

DOCUMENT # L60215
 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: C/O MARIA-CRISTINA DEL-VALLE, ESQ., 201 ALHAMBRA CIRCLE, SUITE 601, CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

40013101



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number: 65-0185404 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEL-VALLE, MARIA-CRISTINA
 201 ALHAMBRA CIRCLE
 SUITE 601
 CORAL GABLES, FL 33134

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DEL-VALLE, MARIA-CRISTINA
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 information covered.

SIGNATURE: Maria-Cristina Del-Valle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 (305) 357-1001
 Date Daytime Phone #