## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 19, 2007 8:00 am DOCUMENT # P00000075016 **Secretary of State** 02-19-2007 90050 033 \*\*\*150.00 SCOTT L. BAENA, P.A. Principal Place of Business Mailing Address 200 S BYSCAYNE BLVD 200 S BYSCAYNE BLVD 40019992 STE 2500 STE 2500 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (11/05) 01292007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-1029745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAENA, SCOTT L DO NOT WRITE 200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-2336 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPST NAME BAENA, SCOTT L STREET ADDRESS 200 BISCAYNE BLVD., STE 2500 CITY-ST-ZIP MIAMI, FL 331312336 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eport 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 trubble empewered 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.1.07

305.36.2403