2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091329

Address:

City-St-Zip:

Entity Name: LAW OFFICES OF LISBET CAMPO, P.A.

1155 BRICKELL BAY DR, #3303

MIAMI, FL 33131

FILED Mar 30, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---------------------------------------------|--------------------------------|--------------------------------|---------------------------------------------|----------------------------------------------|--|
| | SET DRIVE | | | | |
| 240 MIAMI, FL | 33173 | | | | |
| Current M | lailing Addre | ss: | New Mailing Address | New Mailing Address: | |
| 9240 SUN 240 MIAMI, FL | SET DRIVE 33173 | | | | |
| FEI Number | : 65-1043991 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | New Registered Agent: | |
| STE 240 | ISBET SET DRIVE 33173 US | | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered A | gent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CAMPO, LISBI | L BAY DR, #3303 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | PVST (CAMPO, LISBI |) Delete ET | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISBET CAMPO P 03/30/2006