
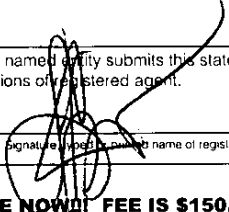
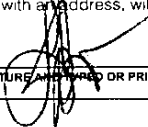


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90023 011 \*\*\*150.00

<b>DOCUMENT # P00000091329</b> 1. Entity Name <b>LAW OFFICES OF LISBET CAMPO, P.A.</b>					
Principal Place of Business <b>9240 SUNSET DRIVE</b> <b>240</b> <b>MIAMI, FL 33173</b>			Mailing Address <b>9240 SUNSET DRIVE</b> <b>240</b> <b>MIAMI, FL 33173</b>		
2. Principal Place of Business - No P.O. Box # <b>10041 BIRD ROAD</b>		3. Mailing Address <b>10041 BIRD ROAD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-1043991</b>	
Zip <b>33165</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33165</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>CAMPO, LISBET</b> <b>9240 SUNSET DRIVE</b> <b>STE 240</b> <b>MIAMI, FL 33173</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>LISBET CAMPO</b> Street Address (P.O. Box Number is Not Acceptable) <b>10041 BIRD ROAD</b> City <b>MIAMI</b>	
FL		Zip Code <b>33165</b>			
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 a registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAMPO, LISBET</b> <b>1155 BRICKELL BAY DR, #3303</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAMPO, LISBET</b> <b>10041 BIRD ROAD</b> <b>MIAMI, FL 33165</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <b>CAMPO, LISBET</b> <b>1155 BRICKELL BAY DR, #3303</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <b>CAMPO, LISBET</b> <b>10041 BIRD ROAD</b> <b>MIAMI, FL 33165</b>	<input checked="" 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 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 empowered.					
<b>SIGNATURE:</b> 			1/22/07 (305) 229-9197		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		