

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90040 016 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000108774 1. Entry Name ACELA V. GUERRA, P.A.																											
Principal Place of Business 15563 SW 55 TERRACE MIAMI, FL 33186		Mailing Address 15563 SW 55 TERRACE MIAMI, FL 33186																									
2. Principal Place of Business 13471 SW 36 St Suite, Apt. #, etc.		3. Mailing Address 13471 SW 36 St Suite, Apt. #, etc.																									
City & State Miami FL		City & State Miami FL																									
Zip 33175		Zip 33175																									
Country USA		Country USA																									
4. FEI Number 80-0025268		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GUERRA, ACELA V 15563 SW 55 TERRACE MIAMI, FL 33186 <i>13471 SW 36 St</i> <i>Miami FL 33175</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <i>[Signature]</i> DATE <i>4/10/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election-Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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 empowered.																											
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/10/06</i> Daytime Phone # <i>305-458-0021</i>																									