


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 006 ***150.00

DOCUMENT # P01000110161	
1. Entity Name YOLANDA ULIBARRI P.A.	

Principal Place of Business 14145 ASTER AVENUE WELLINGTON, FL 33414	Mailing Address 14145 ASTER AVENUE WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box # 14145 Aster Ave.	3. Mailing Address 14145 Aster Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Zip 33414
Country USA	Country USA

40042487



03092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1156345	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ULIBARRI, ROGELIO 14145 ASTER AVENUE WELLINGTON, FL 33414	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>R. Ulibarri</i>	DATE 3/20/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULIBARRI, ROGELIO 14145 ASTER AVENUE WELLINGTON, FL 33414 <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	D ULIBARRI, YOLANDA 14145 ASTER AVENUE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>R. Ulibarri</i>	SIGNATURE <i>Yolanda S. Ulibarri</i> 3/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	