

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 012 \*\*\*150.00



DOCUMENT # P01000118528  
 1. Entity Name  
 LAW OFFICE OF YVETTE B. REYES, P.A.

Principal Place of Business      Mailing Address  
 801 BRICKELL AVE.      801 BRICKELL AVE.  
 STE. 2220      STE. 2220  
 MIAMI, FL 33131      MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 800 S. DOUGLAS RD      800 S. DOUGLAS RD  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 SUITE 140      SUITE 140

City & State      City & State  
 CORAL GABLES, FL      CORAL GABLES, FL

Zip      Country      Zip      Country  
 33134      USA      33134      USA



07132007      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
 REYES, YVETTE B  
 801 BRICKELL AVE.  
 STE. 2220  
 MIAMI, FL 33131

4. FEI Number      Applied For  
 65-1159257      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name: Same  
 Street Address (P.O. Box Number is Not Acceptable): 800 SOUTH DOUGLAS RD, SUITE 140  
 City: CORAL GABLES, FL      Zip Code: 33134

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**      9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	REYES, YVETTE B 801 BRICKELL AVE., #2220 MIAMI, FL 33131	TITLE Change	800 SOUTH DOUGLAS RD, SUITE 140 CORAL GABLES, FL 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: \_\_\_\_\_      7/13/07      (305) 722-2122  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #