

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 801 BRICKELL AVE. STE. 2220 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE. STE. 2220 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 800 S. DOUGLAS RD Suite, Apt. #, etc. SUITE 140	3. Mailing Address 800 S. DOUGLAS RD Suite, Apt. #, etc. SUITE 140
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07132007 Chg-P CR2E034 (12/06)

City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
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4. FEI Number 65-1159257	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country USA	Zip 33134	Country USA
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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
 REYES, YVETTE B
 801 BRICKELL AVE.
 STE. 2220
 MIAMI, FL 33131

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	
TITLE P NAME REYES, YVETTE B STREET ADDRESS 801 BRICKELL AVE., #2220 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 800 SOUTH DOUGLAS RD, SUITE 140 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

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