2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 02, 2007 08:00 AM Secretary of State

DOCUMENT # P02000015427 1. Entity Name PATRICIA MILLAN, P.A.						Secretary of State				
Principal Plac	ce of Business	N	lailing Address			1				
912 CORTEZ ST. CORAL GABLES, FL 33134			7105 SW 8 ST., #306 MIAMI, FL 33144							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt, #, etc.			04272007	Chg-P	CR2E03	4 (12/06)	1
City & State			City & State		4. FEI Number Applied For 02-0544541 Not Applicable					
Zip	Country		Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	ent Regis	stered Agent			7. Name and	Address of New R	egistered Ag	gent	
MILLAN, PATRICIA					Name					
912 CORT				Street Address	(P.O. Box Numbe	er is Not Acceptable)			
					City			FL	Zip Coo	de
	e named entity submits this statementions of registered agent.	it for the p	ourpose of changing its	register	ed office or registe	red agent, or bot	h, in the State of Flo		miliar with	, and accept
SIGNATURE.	• •									
	Signature, typed or printed name of registered ag	gent and bile	if applicable (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
10.	OFFICERS A	CTORS	11.	·	ADDITIONS/	CHANGES TO OFFI	CERS AND E	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete MILLAN, PATRICIA 912 CORTEZ SR CORAL GABLES, FL 33134				E EET ADDRESS			1	Change	☐ Addition
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indicated of the cor	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true a apowered	ind accurate and that n I to execute this report	ny signat as requir	ure shall have the s	same legat effect	as if made under o	ath: that I am	an officer	or director