

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90057 007 ***150.00

DOCUMENT # P02000025912					
1. Entity Name ESTELA V.P., INC.					
Principal Place of Business 25 WEST FLAGLER ST #1010 MIAMI, FL 33130			Mailing Address 25 WEST FLAGLER ST #1010 MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box # 111 SW 3 ST		3. Mailing Address 741 NW 117 ST			
Suite, Apt. #, etc. # 603		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33130		Country USA		Zip 33168	
Country USA		Country USA			
4. FEI Number 04-3626628			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 VALLE-PICO, ESTELA 741 NW 117 ST. MIAMI, FL 33168			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: <u>Estela Valle-Pico, Estela Valle-Pico, President 2-20-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when constituting) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete VALLE-PICO ESTELA 741 NW 117 ST. MIAMI, FL 33168		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"/> 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: <u>Estela Valle-Pico, Estela Valle-Pico 2/20/07 (305)2181869</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					