2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-26-2007 90188 017 ***150.00 **DOCUMENT # P02000047165** 1. Entity Name ALICIA E. PORTELLA, P.A. 40082410 Principal Place of Business Mailing Address 2460 SW 137TH AVENUE SUITE 238 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03232007 CR2E034 (12/06) Chg-P City & State City & State 4 FELNumber Applied For 03-0436454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AliciA A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33146 Ale. #2602 Collins Mism. Q60th 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** Delete TITLE TITLE Change Addition PORTELLA, ALICIA E NAME NAME STREET ADDRESS 6301 COLLINS AVENUE APT 2602 STREET ADDRESS CITY - S1 - ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST-7IP Delete HILE THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Defete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CILY-SI-ZIP 12. Thereby certify that the information supplied with this filling 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 frustee 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.

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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1. Entity Nan	MENT # P02000047	165			
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	6. Name and Address of Current R	egistered Agent	1	5. Certificate of Status Desired Fee Required	
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4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		DO NOT WRITE			
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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	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registere	d Agent signature required	Swhen reinstating) DATE	
		9. Election Campaign Finar			
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10.	OFFICERS AND D	IRECTOR\$			
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SIGNAT	3-15-07 - 30861-656	J			