

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90164 028 ***150.00

DOCUMENT # P02000069911

1. Entity Name
 PATRICIA M. ARIAS, P.A.



Principal Place of Business Mailing Address

2701 SOUTH BAYSHORE DRIVE SUITE 605 2701 SOUTH BAYSHORE DRIVE SUITE 605
 MIAMI, FL 33173 MIAMI, FL 33173

40059597



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2701 S Bayshore Drive 2701 S Bayshore Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 303 Suite 303

04102007 Chg-P CR2E034 (12/06)

City & State City & State

Miami FL Miami FL

4. FEI Number Applied For

76-0701641 Not Applicable

Zip Country Zip Country

33133 33133

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

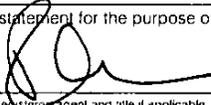
6. Name and Address of Current Registered Agent

ARIAS, PATRICIA M
 2701 SOUTH BAYSHORE DRIVE SUITE 605
 MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: Patricia M. Arias
 Street Address (P.O. Box Number is Not Acceptable): 2701 S Bayshore Drive
 Suite 303
 City: Miami FL Zip Code: 33133

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:  Patricia M. Arias DATE: 4/10/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

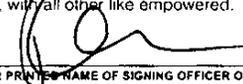
10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	ARIAS, PATRICIA M	
STREET ADDRESS	5975 SOUTHEAST 89TH AVENUE	
CITY-ST-ZIP	MIMAI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  Patricia M. Arias Date: 4/10/07 Daytime Phone #: 305-858-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #