## **2007 FOR PROFIT CORPORATION**

## Apr 05, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000057647 1. Entity Name ANA BOFILL, P.A. Principal Place of Business Mailing Address 2903 SALZEDO STREET P.O. BOX 143749 CORAL GABLES, FL 33134 CORAL GABLES, FL 33114 No Chg-P CR2E034 (11/05) 04032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1173544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOFILL, ANA DO NOT WRITE 2903 SALZEDO STREET CORAL GABLES, FL 33134 IN THIS SPACE 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE BOFILL, ANA NAME STREET ADDRESS 2903 SALZEDO STREET CITY-ST-ZIP CORAL GABLES, FL 33134 U000000691414 04/13/07-80009-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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:

TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

FILED