2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 28, 2008 8:00 am Secretary of State 05-28-2008 90017 009 ***150.00 DOCUMENT # P03000057647 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 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For <u>57-1173544</u> 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 P.O. BOX 143749 CORAL GABLES, FL 33134-Coral Gables, FL IN THIS SPACE 8. The above named eighty 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 of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Р TITLE BOFILL, ANA NAME 2903 SALZEDO STREET P.O. BOX 143749 STREET ADDRESS CORAL GABLES, FL-39134- 33114 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 ac

STREET ADDRESS CITY-ST-ZIP TITLE

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

> SIGNATURE AND TYPED OR PRINTED NAME OF 8 NG OFFICER OR DIRECTOR

FILED