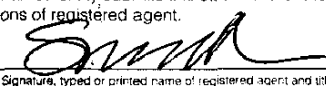
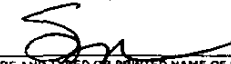


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90068 002 \*\*\*150.00

<b>DOCUMENT # P03000065627</b> 1. Entity Name <b>LAW OFFICES OF SUSANA RICE ROQUE, P.A.</b>			
Principal Place of Business <b>25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131</b>		Mailing Address <b>25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>25 SE 2nd Avenue</b> Suite, Apt. #, etc. <b>543</b>		3. Mailing Address <b>25 SE 2nd Ave.</b> Suite, Apt. #, etc. <b>Suite 543</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33131</b>	Country <b>U.S.A.</b>	Zip <b>33131</b>	Country <b>USA</b>
4. FEI Number <b>14-1886338</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICE ROQUE, SUSANA 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Susana RICE ROQUE</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 SE 2nd Avenue, Suite 543</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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  (SUSANA RICE ROQUE ESQ.) 2/8/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS RICE ROQUE, SUSANA 25 SE 2ND AVE STE 1242 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS RICE ROQUE, SUSANA 25 SE 2ND AVENUE, Suite 543 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE ROQUE, SUSANA ESQ 25 SE 2ND AVE STE 1242 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE ROQUE, SUSANA 25 SE 2ND AVE, Suite 543 Miami, FL 33131 <input checked="" 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
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
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
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: 		SUSANA RICE ROQUE, 02/08/07 (505) 374-2117	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Distinguishing Phone #</small>	

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02082007 Chg-P CR2E034 (12/06)