2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000070081

1. Entity Name YLISASTIGUI & COMPANY, C.P.A., P.A.



externent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Principal Place of Business

8912 WEST FLAGLER APARTMENT 110 MIAMI, FL 33174

Mailing Address

8912 WEST FLAGLER APARTMENT 110 MIAMI, FL 33174

FILED Mar 19, 2008 8:00 am Secretary of State

03-19-2008 90016 041 ***150.00

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DO NOT WRITE IN THIS SPACE

1 18911461 111		
03162008	No Chg-P	CR2E034 (11/05)

Applied For 4, FEI Number 20-0069607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

YLISASTIGUI, ANGEL A 8912 WEST FLAGLER **APARTMENT 110** MIAMI, FL 33174

8. The above pamed entity sormits the obligations of registered agent.

SIGNATURE AND TYPED O

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed hadge of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required when reinstating)	3/15/08 DA/E	
	E NOW!!! PEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YLISASTIGUI, ANGEL A 8912 WEST FLAGLER #110 MIAMI, FL 33174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS. CITY-ST-ZIP			راز از د میاسید	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN TH	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
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12. I hereby of indicated of the corchanged	certify that the intermation supplied with this of on this report of supplemental report is frue rooration or the receiver or trustee er powere or or an ayachment with an arty stage, with a	lling does not qualify for the ext and accurate and that my signa of to execute this report as requi Il other like empowered.	emptions contained in Chapter 119, Fl ture shall have the same legal effect as red by Chapter 607, Florida Statutes; a	lorida Statutes. I further certify that the informations if made under oath; that I am an officer or direct and that my name appears in Block 10 or Block 1	n or 1 if

ED NAME OF SIGNING OFFICER OR DIRECTOR