

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096253

FILED
Apr 21, 2005
Secretary of State

Entity Name: ANDRES LIZARRALDE, P.A.

Current Principal Place of Business:

10275 COLLINS AVE #504
BAL HARBOUR, FL 33154

New Principal Place of Business:

3868 NE 169 ST SUITE 308
N MIAMI BEACH, FL 33160

Current Mailing Address:

10275 COLLINS AVE
1227
BAL HARBOUR, FL 33154

New Mailing Address:

PO BOX 414984
MIAMI BEACH, FL 33141

FEI Number: 16-1682761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIZARRALDE, ANDRES
10275 COLLINS AVE #504
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

LIZARRALDE, ANDRES
PO BOX 414984
MIAMI BEACH, FL 33141 US

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.

SIGNATURE:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LIZARRALDE, ANDRES
Address: 10275 COLLINS AVE #504
City-St-Zip: BAL HARBOUR, FL 33154

Title: D () Delete
Name: LIZARRALDE, ANDRES
Address: 10275 COLLINS AVE #504
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: LIZARRALDE, ANDRES
Address: PO BOX 414984
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Change () Addition
Name: LIZARRALDE, ANDRES
Address: PO BOX 414984
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES LIZARRALDE

PVST

04/21/2005

Electronic Signature of Signing Officer or Director

Date