

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096253

FILED
Apr 29, 2007
Secretary of State

Entity Name: ANDRES LIZARRALDE, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 414984
MIAMI BEACH, FL 33141

New Mailing Address:

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
PO BOX 414984
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

LIZARRALDE, ANDRES
3868 NE 169 ST APT 308
NORTH MIAMI BEACH, FL 33160 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: ANDRES LIZARRALDE

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/29/2007

Electronic Signature of Signing Officer or Director

Date