2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2007 08:00 A Secretary of State

ANNUAL REPURI						
DOCUMENT # P0300 1. Entity Name AIMEE JUVIER, P.A.						
Principal Place of Business	Mailing Address					
2468 SW 137TH AVE. MIAMI, FL 33175	2468 SW 137TH AVE. MIAMI, FL 33175					



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1777785 Applied For Not Applied be

5. Certificate of Status Desired Sandard Fee Required Fee Required

JUVIER, AIMEE

JUVIER, AIMEE 9110 S.W. 213 STREET MIAMI, FL 33189

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of regulatered agent and bitle if applicable (NOTE: Registered Agent agnature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUVIER, AIMEE 9110 S.W. 213 STREET MIAMI, FL 33189					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				U00000649644 03/07/07-80057-015 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	_	_	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!			
12. I hereby certify that the information supplied with this filing does not challfy for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental effort 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 trueted 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 has empowered.						

NAME OF SIGNING OFFICER OR DIRECTOR