


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000041708</b> 1. Entity Name <b>GABRIELA CAPURRO, P.A.</b>																													
Principal Place of Business <b>3227 SW 29 ST MIAMI, FL 33133</b>			Mailing Address <b>3227 SW 29 ST MIAMI, FL 33133</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																										
City & State  Zip      Country			City & State  Zip      Country																										
4. FEI Number <b>04-3786012</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>CAPURRO, GABRIELA 3227 SW 29 ST MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																										
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																													
<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>																										
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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:** *[Signature]*      2/27/07      305-793-4513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #