2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# P04000080022

Entity Name: LAW OFFICES OF LILIANA J. CUEVA P.A.

Current Principal Place of Business:

2414 CORAL WAY
SUITE #1
MIAMI, FL 33145

New Principal Place of Business:

717 PONCE DE LEON BLVD.
SUITE #226
CORAL GABLES, FL 33134

Current Mailing Address:

2414 CORAL WAY
SUITE #1
MIAMI, FL 33145

New Mailing Address:

717 PONCE DE LEON BLVD.
SUITE #226
CORAL GABLES, FL 33134

FEI Number: 76-0758556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUEVA, LILIANA J ESQ.
2414 CORAL WAY
SUITE #1
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CUEVA, LILIANA J ESQ.
717 PONCE DE LEON BLVD.
SUITE #226
CORAL GABLES,, FL 33134 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: LILIANA J. CUEVA 01/29/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUEVA, LILIANA J ESQ.
Address: 2414 CORAL WAY, SUITE #1
City-St-Zip: MIAMI, FL 33145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CUEVA, LILIANA J ESQ.
Address: 717 PONCE DE LEON BLVD., SUITE #226
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SEC ( ) Change (X) Addition
Name: CUEVA, JULIAN
Address: 717 PONCE DE LEON BLVD., SUITE #226
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LILIANA J. CUEVA PRES 01/29/2007
Electronic Signature of Signing Officer or Director Date