

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 21, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000153295	
1. Entity Name LISETTE HERRERA-HALL, P.A.	
Principal Place of Business 16278 SW 11 ST PEMBROKE PINES, FL 33027	Mailing Address 16278 SW 11 ST PEMBROKE PINES, FL 33027



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0527917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERRERA-HALL, LISETTE 16278 SW 11 ST PEMBROKE PINES, FL 33027	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000674118 03/29/07-80057-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERRERA-HALL, LISETTE 16278 SW 11 ST PEMBROKE PINES, FL 33027
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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: *X* *Lisette Herrera-Hall* *Director* *2/14/07* *954-907-2683*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #