

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000529

FILED
Jan 20, 2007
Secretary of State

Entity Name: LUCA D'OTTONE, P.A.

Current Principal Place of Business:

2050 CORAL WAY
#503
MIAMI, FL 33115 US

New Principal Place of Business:

Current Mailing Address:

2050 CORAL WAY
#503
MIAMI, FL 33115 US

New Mailing Address:

FEI Number: 37-1506712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCA, D'OTTONE
2050 CORAL WAY
515
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S, () Delete
Name: D'OTTONE, LUCA
Address: 251 GALEN DRIVE, UNIT 305 EAST
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D () Delete
Name: MOJICA, JOE
Address: 740 N E 115 ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S, (X) Change () Addition
Name: D'OTTONE, LUCA
Address: 2050 CORAL WAY 503
City-St-Zip: MIAMI, FL 33145 US

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

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: LUCA D'OTTONE

PS

01/20/2007

Electronic Signature of Signing Officer or Director

Date