2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Mar 17, 2008 08:00 AN **DOCUMENT # P05000017744 Secretary of State** 1. Entity Name JAIME VISBAL, P.A. Principal Place of Business Mailing Address 5881 SW 160TH AVE 5881 SW 160TH AVE SOUTHWEST RANCHES, FL 33331 SOUTHWEST RANCHES, FL 33331 03142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2282286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VISBAL, JAIME DO NOT WRITE 5881 SW 160TH AVE SOUTHWEST RANCHES, FL 33331 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, typed by printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000859250 04/02/08-80014-020 150.00 VISBAL, JAIME NAME 5881 SW 160TH AVE STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES, FL 33331 TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

