## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # P05000036800** 1. Entity Name ALEJANDRA COSSIO, P.A. Principal Place of Business . Mailing Address 16 8 W. State 1 / 305/6 1 10401 SW 32 STREET 10401 SW 32 STREET MIAMI, FL 33165 MIAMI, FL 33165 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4779768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DELGADO, RAUL R DO NOT WRITE 600 BRICKELL AVE SUITE 500 MIAMI, FL 33131 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 age SIGNATURE (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS COSSIO, ALEJANDRA NAME STREET ADDRESS 10401 SW 32 STREET 04/26/07-80076-001 150.00 CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CUY-SI-78 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

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OF

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/12/07

305-333-0-250

**FILED** 

Daytime Phone if