

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046373

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** LAW OFFICES OF ALEXANDRA DE LA ASUNCION, P.A.

**Current Principal Place of Business:**

16969 N.W. 67TH AVENUE  
SUITE 200  
MIAMI LAKES, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

16969 N.W. 67TH AVENUE  
SUITE 200  
MIAMI LAKES, FL 33015 US

**New Mailing Address:**

**FEI Number:** 25-1913457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LA ASUNCION, ALEXANDRA  
16969 N.W. 67TH AVENUE  
SUITE 200  
MIAMI LAKES, FL 33015 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 ( ) Delete  
**Name:** DE LA ASUNCION, ALEXANDRA  
**Address:** 16969 NW 67TH AVENUE #200  
**City-St-Zip:** MIAMI LAKES, FL 33015 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** ALEXANDRA DE LA ASUNCION

P

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date