


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90321 031 ***150.00

DOCUMENT # P05000058814 1. Entity Name ENRIQUE M. CUBILLOS, P.A.			
Principal Place of Business 1250 WEST AVE. 4K MIAMI BEACH, FL 33139		Mailing Address 1250 WEST AVE. 4K MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 12590 NE 16 AV # 208		3. Mailing Address 12590 NE 16 Av # 208	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State N MIAMI, FL 33161		City & State N Miami, Fl 33161	
Zip 		Zip 	
Country 		Country 	
4. FEI Number 61-1486947		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUBILLOS, ENRIQUE M 1250 WEST AVE 4K MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12590 NE 16th Avenue #208 City N MIAMI, FL Zip Code 33161	
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 _____		April 11, 2007	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CUBILLOS, ENRIQUE M 1250 WEST AVF #4K MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12590 NE 16 Avenue #208 N Miami, Fl 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Enrique Cubillos</i>		President 78-426-7231 4/11/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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