

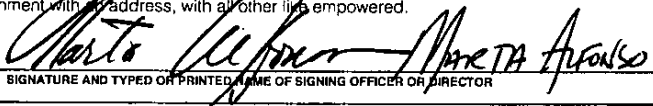


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000093993		
1. Entity Name MARTA ALFONSO, CPA, P.A.		
Principal Place of Business ONE S.E. THIRD AVENUE TENTH FLOOR MIAMI, FL 33131	Mailing Address ONE S.E. THIRD AVENUE TENTH FLOOR MIAMI, FL 33131	 03192007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-3071803 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALFONSO, MARTA ONE S.E. THIRD AVENUE TENTH FLOOR MIAMI, FL 33131		
DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 DATE 03/30/07-80081-002 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, MARTA ONE S.E. THIRD AVENUE - TENTH FLOOR MIAMI, FL 33131	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 address, with all other info empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/19/09 Daytime Phone # 305.377.4228