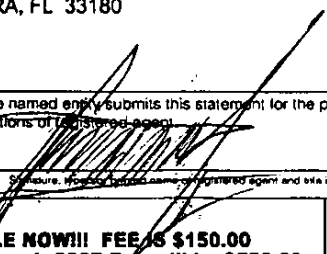
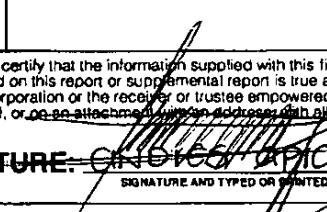


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-14-2007 90066 027 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000101192			
1. Entity Name ANDRES APRAEZ P.A.			
Principal Place of Business 3300 NE 191 ST #1214 AVENTURA, FL 33180		Mailing Address 3300 NE 191 ST #1214 AVENTURA, FL 33189	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 7105 SW 8 STREET 306	
City & State Zip		City & State MIAMI, Florida Zip 33144	
Country		Country DADE	
4. FEI Number 20-3185939		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APRAEZ, ANDRES 3300 NE 191 ST AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD APRAEZ, ANDRES 3300 NE 191 ST #1214 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 be so attached to this report as to be like empowered.			
SIGNATURE: 		04.27.07 (305) 226 3443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	