


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90099 016 \*\*\*150.00

**DOCUMENT # P05000118944**

1. Entity Name  
RAUL VALDES-FAULI, P.A.



Principal Place of Business 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134	Mailing Address 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

60003461



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3385865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI, RAUL  
806 DOUGLAS RD, SUITE 580  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALDES-FAULI, RAUL 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

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 prepare 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: \_\_\_\_\_ (Signature of Raul Valdes-Fauli)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/07 Daytime Phone #: (305) 445-2930