


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90008 045 ***150.00

DOCUMENT # P05000118944 1. Entity Name RAUL VALDES-FAULI, P.A.		
Principal Place of Business 806 DOUGLAS RD SUITE 500 CORAL GABLES, FL 33134		Mailing Address 806 DOUGLAS RD SUITE 500 CORAL GABLES, FL 33134
2. Principal Place of Business - No P.O. Box # 355 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 801		3. Mailing Address 355 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 801
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA
Zip 33134	Country US	Zip 33134
4. FEI Number 20-3385865		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 VALDES-FAULI, RAUL 806 DOUGLAS RD SUITE 500 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name VALDES-FAULI, RAUL 355 ALHAMBRA CIRCLE SUITE 801 City CORAL GABLES FL 33134
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D VALDES-FAULI, RAUL 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	D VALDES-FAULI, RAUL 355 ALHAMBRA CIR STE 801 CORAL GABLES, FL 33134
	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like authority.		
SIGNATURE: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

40012000



01212008 Chg-P CR2E034 (12/06)