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

2008	FOR PROFIT CORPORATION	N
	ANNUAL REPORT	

DOCUMENT # P05000118944 1. Entity Name RAUL VALDES-FAULI, P.A.							01-29-2008 90008 045 ***150.00				
Principal Place of Business Mailing Address						□ ΔNU	T Y O O O				
-806 DOUGLAS RD SUITE 588 -CORAL GABLES, FL- 33134		805 DOUGLAS RD SUITE 580- CORAL CABLES, FL 33134									
2. Original D	lana - (Dt)	N. BO. B.	I a same and								
,	ness - No P.O. Box #	3. Mailing Address 255 ALHAMPD	355 ALHAMBRA CIRCLE				B) (500)				
355 ALHAMBRA CIRCLE Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E034 (1	21067			
SUITE 801		SUITE 801					CN2E054 (1	,			
City & State CORAL GABLES, FLORIDA		City & Signal Gables, Florida				4. FEI Number Applied For Not Applicable					
Zip 33134	4	US Zip 33134 US ountry				S. Certificate of Status Desired					
	6. Name	and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Agent	1		
VALDES-FAULI, RAUL 808 DOUGLAS RD SUITE 58 0 CORAL GABLES, FL-33184-					VALDES-FAULI, RAUL						
		_	_		City	Cl	IRAL GABLES	FL	33	34	
	named entiti ions of regis	y submits this statement for lered agent.	al purpose of changing i	ts register	L ed office or regi	stered agent, or bo	oth, in the State of Flo	-	ar with,	and accept	
SIGNATURE_	Signature typed	or printed name of registered agent a	nd title I applicable. (NC	TE: Begistere	ed Agent signature rea	mired when remetating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 PATE (NOTE: Registered Agent signature required when remistating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND I		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	S IN 11	
TITLE NAME	D VALDES	i FAULI, RAUL	☐ Delete	TITL	-			a i 🎉 (Change	Addition	
STREET ADDRESS CITY-ST-ZIP	806 DOU	GLAS RD SUITE 580 GABLES, FL 33134		STREET ADDRESS 35:			LDES-FAULI, RAUL 5 Alhambra cir ste 801 Ral Gables, fl 33134				
TITLE			☐ Delete	TITL			12 00103		Change	Addition	
NAME STREET ADDRESS				NAM	SE ADDRESS						
CITY-ST-ZIP					-S1-ZiP						
TITLE			☐ Delete	TITL	E				Change	Addition	
NAME STREET ADDRESS				NAM	ie Eet address						
CITY-ST-ZIP					-SI-ZIP						
TITLE			Delete	TITL	E				Change	☐ Addition	
NAME Street Adoress	1			NAM	-						
CITY-ST-ZIP				- 1	EET ADORESS '-ST-ZIP						
TITLE			☐ Delete	THIL	E				Change	Addition	
NAME				NAM						_	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-SI-7IP						
TITLE			☐ Delete	TITL				П	Change	Addition	
NAME				NAM			•				
STREET ADDRESS CITY-ST-ZIP					EET AUDRESS '-\$1-ZIP						
12. Thereby 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 exempt his 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 expowered. SIGNATURE:											
		SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date	Daytme	Phone #		