Mar 29 2007 1:29PM R. IBARRA E.A, P.A.

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90222 040 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133690

1. Entity Name
MAIDEL DE ARMAS, P.A.

60042860

Principal Place of Business	Mailing Address
9359 FOUNTAIN BLUE BLVD #F206 MIAMI, FL 33172	9359 FOUNTAIN BLUE BLVD #F206 MIAMI, FL 33172

03292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
800 CLAUGHTON IS. DR #2003		800 CLAUGHTON ISLAND DR.	
Suite, Apt. #, etc.: #2003		Suite, Apt. #, etc.: #2003	
City & State: MIAMI - FL		City & State: MIAMI - FL	
Zip: 33131	Country: U.S.A.	Zip: 33131	Country: U.S.A.

4. FEI Number: 20-3569217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE ARMAS, MAIDEL
9359 FOUNTAIN BLUE BLVD #F206
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: MAIDEL DEARMAS
Street Address (P.O. Box Number is Not Acceptable): 800 CLAUGHTON ISLAND DR. #2003
City: MIAMI FL Zip Code: 33131

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: [signature] MAIDEL DE ARMAS 3-29-07
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE ARMAS, MAIDEL 9359 FOUNTAIN BLUE BLVD #F206 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P MAIDEL DE ARMAS 800 CLAUGHTON ISLAND DR. #2003 MIAMI - FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MAIDEL DE ARMAS 3-29-07 ________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #