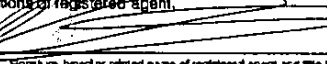


FILED
Apr 27, 2007 8:00 am
Secretary of State

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 9359 FOUNTAIN BLUE BLVD #F206 MIAMI, FL 33172				Mailing Address 9359 FOUNTAIN BLUE BLVD #F206 MIAMI, FL 33172			
2. Principal Place of Business - No P.O. Box # 800 CLAUGHTON IS. DR #2003 Suite, Apt. #, etc. #2003		3. Mailing Address 800 CLAUGHTON ISLAND DR Suite, Apt. #, etc. #2003					
City & State MIAMI-FL		City & State MIAMI-FL		4. FEI Number 20-3569217		Applied For ☐ Not Applicable	
Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.	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 DE ARMAS 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, typed or printed name of registered agent, and title if applicable.				MAIDEL DE ARMAS (NOTE: Registered Agent signature required when reinstating)		3-29-07 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 P	NAME DE ARMAS, MAIDEL			☐ Delete		TITLE D/P	
STREET ADDRESS 9359 FOUNTAIN BLUE BLVD #F206	CITY-ST-ZIP MIAMI, FL 33172			☐ Change ☐ Addition		NAME MAIDEL DE ARMAS	
				STREET ADDRESS 800 CLAUGHTON ISLAND DR. #2003		CITY-ST-ZIP MIAMI-FL 33131	
						☐ Change ☐ Addition	
						☐ Change ☐ Addition	
						☐ Change ☐ Addition	
						☐ Change ☐ Addition	
						☐ Change ☐ Addition	
						☐ 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 fees empowered.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				MAIDEL DE ARMAS		3-29-07 Date	
						Daytime Phone #	