
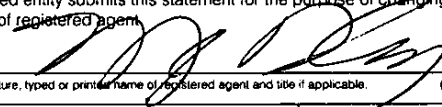
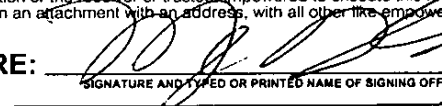


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90198 013 \*\*\*150.00

|  |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
|--|--------------------------|--|------|---------------------------------|------|--------------------------|--|----------------|-------------------------|--|-------------|-----------------|--|---|--|-------|-----------------------|--|------|----------------------|--|----------------|-----------------------|--|-------------|----------------------|--|
| <b>DOCUMENT # P05000141155</b><br>1. Entity Name<br>MARIA DEL PILAR VAZQUEZ, P.A.  |                          |   |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| Principal Place of Business<br>8291 N.W. 166TH TERRACE<br>MIAMI, FL 33016  |                          | Mailing Address<br>8291 N.W. 166TH TERRACE<br>MIAMI, FL 33016  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 2. Principal Place of Business - No P.O. Box #<br>16110 W. PRESTWICK PL<br>Suite, Apt. #, etc.<br>Miami Lakes, FL<br>City & State<br>33014<br>Zip<br>Country USA   |                          | 3. Mailing Address<br>Suite, Apt. #, etc.<br>16110 W. Prestwick Pl.<br>City & State<br>Miami Lakes FL<br>Zip<br>33014<br>Country USA |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 4. FEI Number<br>20-3655133  |                          | Applied For<br><input type="checkbox"/> Not Applicable   |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                          | 04172007 Chg-P CR2E034 (12/06)   |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 6. Name and Address of Current Registered Agent<br>GASTESI, JR., RAUL<br>8105 N.W. 155TH STREET<br>MIAMI LAKES, FL 33016   |                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code     |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 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.<br>SIGNATURE:  DATE: 4/17/07<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                      |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PVPS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEL PILAR VAZQUEZ, MARIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8291 N.W. 166TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33016</td> <td></td> </tr> </table>  |                          | TITLE  | PVPS | <input type="checkbox"/> Delete | NAME | DEL PILAR VAZQUEZ, MARIA |  | STREET ADDRESS | 8291 N.W. 166TH TERRACE |  | CITY-ST-ZIP | MIAMI, FL 33016 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">16110 W. PRESTWICK PL</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI LAKES FL 33014</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16110 W. PRESTWICK PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES FL 33014</td> <td></td> </tr> </table> |  | TITLE | 16110 W. PRESTWICK PL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MIAMI LAKES FL 33014 |  | STREET ADDRESS | 16110 W. PRESTWICK PL |  | CITY-ST-ZIP | MIAMI LAKES FL 33014 |  |
| TITLE  | PVPS                     | <input type="checkbox"/> Delete  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| NAME   | DEL PILAR VAZQUEZ, MARIA |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| STREET ADDRESS   | 8291 N.W. 166TH TERRACE  |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| CITY-ST-ZIP  | MIAMI, FL 33016          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| TITLE  | 16110 W. PRESTWICK PL    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| NAME   | MIAMI LAKES FL 33014     |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| STREET ADDRESS   | 16110 W. PRESTWICK PL    |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| CITY-ST-ZIP  | MIAMI LAKES FL 33014     |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
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| NAME   |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| STREET ADDRESS   |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| CITY-ST-ZIP  |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
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| STREET ADDRESS   |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| CITY-ST-ZIP  |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
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| CITY-ST-ZIP  |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
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| CITY-ST-ZIP  |                          |  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| 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:    |                          | Date: 4/17/07  |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                          | <small>Daytime Phone #</small>   |      |                                 |      |                          |  |                |                         |  |             |                 |  |   |  |       |                       |  |      |                      |  |                |                       |  |             |                      |  |