



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000148952 1. Entity Name YSHA ARTEAGA, P.A.	
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Principal Place of Business 1500 SAN REMO AVE. SUITE 222 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE. SUITE 222 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3829951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARTEAGA, YSHA  
5725 S.W. 56TH TERRACE  
SOUTH MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

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, the registered agent.

SIGNATURE:  DATE: 3/20/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

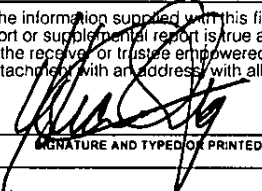
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTEAGA, YSHA 1500 SAN REMO AVE. SUITE 222 CORAL GABLES, FL 33146
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U00000677352  
03/30/07-80099-022 150.00

**DO NOT WRITE IN THIS SPACE**

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: 3/20/07 DAYTIME PHONE #: 305 663-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR