2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2008-90001-039-$150.00-$150.00

FILED
2008 OCT -3 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08272008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000168302

1. Entity Name
CLAUDIA DEL TORO P.A.

Principal Place of Business	Mailing Address
~~10 SW SOUTH RIVER DR # 1202 MIAMI, FL 33130~~	~~10 SW SOUTH RIVER DR # 1202 MIAMI, FL 33130~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
100 SE 2nd Street		100 SE 2nd Street	
Suite, Apt. #, etc. 115		Suite, Apt. #, etc. 115	
City & State Miami, FL 33131		City & State Miami, FL 33131	
Zip 33131	Country USA	Zip	Country USA

4. FEI Number ~~APPLIED FOR~~ 75-3256447 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEL TORO, CLAUDIA 10 SW SOUTH RIVER DR # 1202 MIAMI, FL 33130	Name: Claudia Del Toro Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd Street Suite # 115 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: Claudia Del Toro DATE: 9/1/08
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEL TORO, CLAUDIA ~~10 SW SOUTH RIVER DR # 1202~~ ~~MIAMI, FL 33130~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Claudia Del Toro 100 SE 2nd Street Suite 115 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
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
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: Claudia Del Toro 9/1/08 786-554-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #