


**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90077 031 \*\*\*163.75

<b>DOCUMENT # P06000012825</b>				<b>Secretary of State</b> 01-22-2007 90077 031 ***163.75	
1. Entity Name <b>COSETTE SANCHEZ, P.A.</b>					
Principal Place of Business <b>3025 S.W. 76TH AVENUE MIAMI, FL 33155 US</b>		Mailing Address <b>3025 S.W. 76TH AVENUE MIAMI, FL 33155 US</b>			
2. Principal Place of Business - No P.O. Box # <b>3025 SW 76 AVE.</b>		3. Mailing Address		4. FEI Number <b>20-4215101</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State <b>MIAMI</b>		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>FI</b>		Country <b>33155</b>		6. Name and Address of Current Registered Agent <b>LAW OFFICES OF ANNETTE INFANTE, P.A. 8464 S.W. 8TH STREET MIAMI, FL 33144</b>	
7. Name and Address of New Registered Agent Name <b>Colette Sanchez</b> Street Address (P.O. Box Number is Not Acceptable) <b>3025 SW 76 AVENUE MIAMI FL 33155</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>					
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 <b>Colette Sanchez</b> DATE <b>1/17/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P, V SANCHEZ, COSETTE 3025 S.W. 76TH AVENUE MIAMI, FL 33155</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T, S SANCHEZ, COSETTE 3025 S.W. 76TH AVENUE MIAMI, FL 33155</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Colette Sanchez</b> DATE <b>1/17/07 (786) 4883096</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					