

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021732

Entity Name: LUZ CECILIA SILVA, P.A.

FILED  
May 21, 2007  
Secretary of State

**Current Principal Place of Business:**

55 WESTON RD  
STE 100  
WESTON, FL 33326

**New Principal Place of Business:**

5975 W SUNRISE BLVD  
STE 108  
SUNRISE, FL 33313

**Current Mailing Address:**

6429 FUNSTON ST  
HOLLYWOOD, FL 33023

**New Mailing Address:**

325 NW CAMROSE ST  
PORT SAINT LUCIE, FL 34983

FEI Number: 20-4309696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, LUZ C  
6429 FUNSTON ST  
HOLLYWOOD, FL 33023 US

**Name and Address of New Registered Agent:**

SILVA, LUZ C  
325 NW CAMROSE ST  
PORT SAINT LUCIE, FL 34983 US

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.

SIGNATURE: LUZ C SILVA

05/21/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVA, LUZ C  
Address: 6429 FUNSTON ST  
City-St-Zip: HOLLYWOOD, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SILVA, LUZ C  
Address: 325 NW CAMROSE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ C SILVA

PD

05/21/2007

Electronic Signature of Signing Officer or Director

Date