

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90167 012 \*\*\*150.00

<b>DOCUMENT # P06000027830</b>													
<b>1. Entity Name</b> ALEXIS POVEDA, P.A.													
<b>Principal Place of Business</b> 4950 SW 94TH AVENUE COOPER CITY, FL 33328			<b>Mailing Address</b> 4950 SW 94TH AVENUE COOPER CITY, FL 33328										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	<b>4. FEI Number</b> 22-392 1992									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <b>Name</b>                  ALEXIS POVEDA             </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b>                  4950 S.W. 94TH AVE             </td> </tr> <tr> <td style="padding: 2px;"> <b>City</b>                  COOPER CITY             </td> <td style="padding: 2px;"> <b>FL</b> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>Zip Code</b>                  33328             </td> </tr> </table>			<b>Name</b> ALEXIS POVEDA		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4950 S.W. 94TH AVE		<b>City</b> COOPER CITY	<b>FL</b>	<b>Zip Code</b> 33328	
<b>Name</b> ALEXIS POVEDA													
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 4950 S.W. 94TH AVE													
<b>City</b> COOPER CITY	<b>FL</b>												
<b>Zip Code</b> 33328													
<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.</b>													
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and file # (application) (NOTE: Registered Agent signature required when reappointing) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
<b>TITLE</b> PSTD	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>NAME</b> POVEDA, ALEXIS			<b>NAME</b>										
<b>STREET ADDRESS</b> 4950 SW 94TH AVENUE			<b>STREET ADDRESS</b>										
<b>CITY-ST-ZIP</b> COOPER CITY, FL 33328			<b>CITY-ST-ZIP</b>										
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>NAME</b>			<b>NAME</b>										
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>										
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>										
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>										
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<b>NAME</b>			<b>NAME</b>										
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>										
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>										
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>NAME</b>			<b>NAME</b>										
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>										
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>										
<b>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 file empowers.</b>													
<b>SIGNATURE:</b> <i>Alexis Poveda</i>			03/30/07 205-409-2309										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													