

2007 FOR PROFIT CORPORATION ANNUAL REPORT


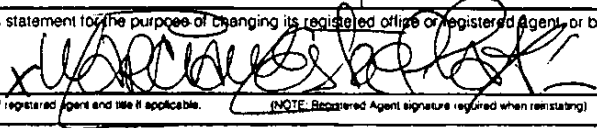
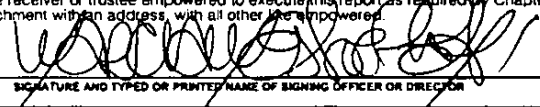
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07-18-2007 90047 023 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000028279			
1. Entity Name MARCIA MELCHIOR ESTRELLA PA			
Principal Place of Business 18320 NW 10 ST PEMBROKE PINES, FL 33029 US		Mailing Address 18320 NW 10 ST PEMBROKE PINES, FL 33029 US	
2. Principal Place of Business - No P.O. Box # 4988 SW 168 Ave		3. Mailing Address 4988 SW 168 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar FL		City & State Miramar FL	
Zip 33027	Country Browns	Zip 33027	Country Browns
4. FEI Number 20-4441394		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELCHIOR ESTRELLA, MARCIA 18320 NW 10 ST PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 07/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MELCHIOR ESTRELLA, MARCIA 18320 NW 10 STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 07/13/07 (954) 288-7395 <small>Daytime Phone #</small>	

As per telephone conversation with

PC 10/10