

2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2007 90125 033 ***150.00*

FILED
P06000030969
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -5 PM 1:20

40125022



07122007 Chg-P CR2E034 (12/06)

4. FCI Number **20-4393495** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MUNOZ-CORVALAN, GLORIA A
1544 MEADOWBROOK STREET
LAKE PLACID, FL 33852

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 _____ (NOTE: Registered Agent signature required when changing agent) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE	P	☐ Delete
NAME	MUNOZ-CORVALAN, GLORIA A	
STREET ADDRESS	1544 MEADOWBROOK STREET	
CITY - ST - ZIP	LAKE PLACID, FL 33852	
TITLE	V	☐ Delete
NAME	BAIGORRIA, ROSANNA V	
STREET ADDRESS	1544 MEADOWBROOK STREET	
CITY - ST - ZIP	LAKE PLACID, FL 33852	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

B 11/08/07

REINSTATEMENT

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: PRESIDENT
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07

Date: _____