FILED May 22, 2008 08:00 AN Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL KEPOKI										•	
DOCUMENT # P06000035266 1. Entity Name CORREDERA & VALDES PA											
Principal Place of Business				Mailing Address			1				
12350 SW 35 STREET				2350 SW 35 STREET							
MIAMI, FL 33175 US				MIAMI, FL 33175 US			 		20 A		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address Suite, Apt. #, etc.							
Suite, Apt. #, etc. City & State				Suite, Apr. #, etc. City & State			02252008 4. FEI Number	Chg-P	CR2E034		pplied For
Zip Country				Zip	try	20-4443495 Not Applicable					
Σiμ	6. Name and Address of Current R				Oouri	···	5. Certificate of Status Desired				
	o. Name	and Address of Curr	ent wegis	tered Agent		Name	7. Name and 7	AGGIESS OF REW KI	sgistored Ag	0114	
CORREDERA, MARYELA 12350 SW 35 STREET						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33175				7							
						City			FL	Zip Code	6
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 Separature, typed or printed fame of registered agent and intelligence and intelligence and intelligence agent. (NOTE: Registered Agent signature required when rematating) DATE											
	Signature, typed	or printed fame of registered	gent and inte	1 applicable (NOT)	: Registere	d Agent signature required	d when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added											
10.	•	OFFICERS A	ND DIREC	TORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	IRECTOR	S IN 11
TITLE	Р			☐ Delete	TITLE				_	Change	☐ Addition
NAME		ERA, MARYELA			NAM	-		000000 -06/04/08	1951911		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS · ST- ZIP		06/04/08-	-80057-1	020-15	50.00
TITLE	S S	L 33173		□ Delete	TITLE					Change	☐ Addition
NAME	1	GEORGE A		Thereta	NAM						
STREET ADDRESS	1				STRE	ET ADDRESS					
CITY-S1-ZIP	MIAMI, FL 33175				CITY	-ST-ZIP					
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NAME STREET ADDRESS					NAM	ET ADDRESS					
CITY-ST-ZIP						-SI-ZIP					
TITLE				☐ Delete	TITLE		***		[Change	☐ Addition
NAME					NAM	Ε					-
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TITLE NAME				☐ Delete	TITLE	- 1			L	T cuauña	LI Addition
STREET ADDRESS		•				ET ADDRESS					
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TITLE	,		· · · · · ·	☐ Delete	TITLE	l				Change	Addition
NAME CTREET ADODESC					NAMI						
STREET ADORESS CITY-ST-ZIP						ET ADORESS -ST-ZIP					
	ertify that th	e information surplied	with this fil	ling does not qualify for			d in Chapter 110	Florida Statutes 1	further certifu	that the in	nformation
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 flustee 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: Y 11/06											