

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049674

Entity Name: IVONNE ARANA, P.A.

FILED
Feb 22, 2007
Secretary of State

Current Principal Place of Business:

1700 N BAY RD - UNIT 607
SUNNY ISLES, FL 33160

New Principal Place of Business:

16900 N BAY RD - UNIT 617
SUNNY ISLES, FL 33160

Current Mailing Address:

1700 N BAY RD - UNIT 607
SUNNY ISLES, FL 33160

New Mailing Address:

169000 N BAY RD - UNIT 617
SUNNY ISLES, FL 33160

FEI Number: 20-4741684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANA, IVONNE
1700 N BAY RD - UNIT 607
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

ARANA, IVONNE
16900 N BAY RD - UNIT 617
SUNNY ISLES, FL 33160 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: IVONNE ARANA

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARANA, IVONNE
Address: 1700 N BAY RD - UNIT 607
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARANA, IVONNE
Address: 16900 N BAY RD - UNIT 617
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: IVONNE ARANA

D

02/22/2007

Electronic Signature of Signing Officer or Director

Date