
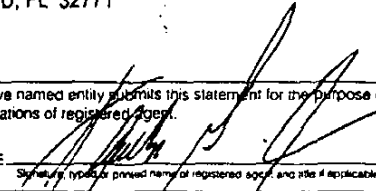


**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90061 021 \*\*\*158.75

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

7/1

DOCUMENT # P06000081470					
1. Entity Name SANDRA G. CUEVAS, P.A.					
Principal Place of Business 8585 CYPRESS RIDGE CT. SANFORD, FL 32771 US			Mailing Address P.O. BOX 950014 LAKE MARY, FL 32795 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUEVAS, SANDRA G 8585 CYPRESS RIDGE CT. SANFORD, FL 32771			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: 6/11/2007	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUEVAS, SANDRA G		NAME		
STREET ADDRESS	P.O. BOX 950014		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32795		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUEVAS, RAFAEL A		NAME		
STREET ADDRESS	P.O. BOX 950014		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32795		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUEVAS, SANDRA G		NAME		
STREET ADDRESS	P.O. BOX 950014		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32795		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUEVAS, SANDRA G		NAME		
STREET ADDRESS	P.O. BOX 950014		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32795		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 6/11/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 407-321-1155	

66020644



01092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  Not Applicable

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/2007

407-321-1155

July 24, 2007

ATTACHMENT  
66020644  
#P06000081470

Florida Department of State  
Division of Corporations  
Corporate Records  
P.O. Box 1500  
Tallahassee, FL 32302-1500

REF: **Sandra G. Cuevas, P.A.**

To Whom It May Concern:

I am writing to notify that I never received the notification for the payment of the P.A. at my mailing address. I called to inform this and the person I spoke to informed me that the documentation was printed back in January. I told her that I never printed out any information from the website. I did discuss the P.A. with fellow co-workers that were interested in working with legalzoom.com to create their P.A. I spoke to a lady at legalzoom.com and told her that I had done the paperwork for my P.A. and that I thought everything was done correctly. She did request some information from me. I remember this happening around the January timeframe.

I am requesting to please waive the late fee for the Sandra G. Cuevas, P.A. so that I can keep the same name and not have to create a new one. It would be least expensive to create a new one than it would be to pay the late fees. I will make this a scheduled event in my PDA so that I am reminded to mail payment before May 2008 for next year fees.

Your immediate attention to this matter will be greatly appreciated.

Sincerely,

*Sandra G. Cuevas*

Sandra G. Cuevas  
Mobile: 407-314-9971  
Email: scuevas@cfl.rr.com

Enclosures: Original Letter  
2007 Annual Report