

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082080

Entity Name: SILVIA LORENA ICAZA, PA

FILED  
Aug 12, 2008  
Secretary of State

**Current Principal Place of Business:**

1075 92ND ST  
SUITE 505  
BAY HARBOR, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 545866  
SURFSIDE, FL 33154 US

**New Mailing Address:**

FEI Number: 26-0836952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ICAZA, SILVIA L  
1075 92ND ST  
SUITE 505  
BAY HARBOR, FL 33154 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ICAZA, SILVIA L  
Address: 1075 92ND ST  
City-St-Zip: BAY HARBOR, FL 33154 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SILVIA ICAZA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OFFI

08/12/2008

\_\_\_\_\_ Date