

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085075

FILED
Apr 24, 2008
Secretary of State

Entity Name: BEATRIZ V. VALARINO, P.A

Current Principal Place of Business:

7250 N.W, 114 AVE.
202
DORAL, FL 33178

New Principal Place of Business:

11260 NW , 54 TERRACE
DORAL, FL 33178

Current Mailing Address:

7250 N.W, 114 AVE.
202
DORAL, FL 33178

New Mailing Address:

11260 NW , 54 TERRACE
DORAL, FL 33178

FEI Number: 80-0136849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALARINO, BEATRIZ V
7250 N.W, 114 AVE.
202
DORAL, FL 33178 US

Name and Address of New Registered Agent:

VALARINO, BEATRIZ V
11260 N.W, 54 TERRACE
DORAL, FL 33178 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:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALARINO, BEATRIZ V
Address: 7250 N.W, 114 AVE. # 202
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALARINO, BEATRIZ V
Address: 11260 N.W, 54 TERRACE
City-St-Zip: DORAL, FL 33178

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: BEATRIZ V. VALARINO.

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date