2007 FOR PROFIT CORPORATION

Mar 15, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000087890 03-15-2007 90023 029 ***158.75 Entity Name BIBIÁNA ACERO, P.A. Principal Place of Business 40000**~**~~ Mailing Address 19 WEST FLAGLER STREET STE 707 19 WEST FLAGLER STREET STE 707 MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 Cha-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-5133226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACERO, BIBIANA Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET STE 707 MIAMI, FL 33130 Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and trib if approable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TOTAL F 100.6 Addition ☐ Delete Change NAME ACERO, BIBIANA NAME STREET ADDRESS 19 WEST FLAGLER STREET STE 707 STREET ADDRESS MIAMI, FL 33130 CITY ST-78 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZaP CITY-S1-ZIP TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY - ST - ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-S1-76 ☐ Delete 33111 Change ... ☐ Addition TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-Z:P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED