

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106746

FILED
Mar 19, 2007
Secretary of State

Entity Name: LOOK WHO'S TALKING "ALSO", INC.

Current Principal Place of Business:

7820 SW129 AVENUE
MIAMI, FL 33183

New Principal Place of Business:

10491 S.W. 88 STREET
SUITE F-103
MIAMI, FL 33176

Current Mailing Address:

7820 SW129 AVENUE
MIAMI, FL 33183

New Mailing Address:

10491 S.W. 88 STREET
SUITE F-103
MIAMI, FL 33176

FEI Number: 20-5394840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUINONES, GABRIELLE M
7820 SW 129 AVE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

QUINONES, GABRIELLE M
7820 S.W. 129 AVENUE
MIAMI, FL 33183 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: GABRIELLE M. QUINONES

03/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEVIA, JAQUELINE
Address: 7820 SW 129 AVE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: QUINONES, GABRIELLE M
Address: 7820 SW 129 AVE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: FIGUEROA, CHRISTY
Address: 18125 SW 148 AVE RD
City-St-Zip: MIAMI, FL 33187

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: URBAY, ANNIE
Address: 2211 S.E. 23RD ROAD
City-St-Zip: HOMESTEAD, FL 33035

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

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

Title: D () Change (X) Addition
Name: HEVIA, JACQUELINE
Address: 7820 S.W. 129 AVENUE
City-St-Zip: MIAMI, FL 33183

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: GABRIELLE M QUINONES

D

03/19/2007

Electronic Signature of Signing Officer or Director

Date