


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 013 ***150.00

DOCUMENT # P06000108712

1. Entity Name
 LUIS ENRIQUE RESTREPO P.A.



Principal Place of Business Mailing Address

5304 7TH ST W 5304 7TH ST W
 LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

5548 METROWEST BLVD 5548 METROWEST BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.

209 209

City & State City & State

Orlando FL Orlando

Zip Country Zip Country

32811 US 32811 US



08042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

RESTREPO, LUIS E
 5304 7TH ST W
 LEHIGH ACRES, FL 33971

[Signature]

4. FEI Number Applied For

20-5412332 Not Applicable

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

7. Name and Address of New Registered Agent

Name: RESTREPO, LUIS E.

Street Address (P.O. Box Number is Not Acceptable):
 5548 METROWEST BLVD, Apt 209

City: Orlando FL Zip Code: 32811

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: *[Signature]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RESTREPO, LUIS E	5304 7TH ST W	LEHIGH ACRES, FL 33971	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	RESTREPO, LUIS E	5548 METROWEST BLVD Apt 209	Orlando, FL 32811	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* Date: (239) 248-7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Home #