2007 FOR PROFIT CORPERATION ANNUAL REPORT

FILED Jun 06, 2007 8:00 am Secretary of State

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Space Courtry Space Courtry Space	DOCUMENT # P06000116607 1. Entity Name MARTIN E DAVILA PA									05-1	7-200°	7 9003	6 009 ***	*150.00
1533 SW 20 STREET MIMM, FL 33145 US 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite. Apt. 6, etc.	Principal Place of Business Mailing Address								ρουτοτου					
Suite, Apl. 8, etc. Suite, Apl. 8, etc. City & State Country S. Continue or Status Desired State Policy S. Continue or Status Desired State Address of Status Desired State Address of Rew Registered Apent Name DAVILA, MARTIN 1533 SW 20 STREET MIAMI, FL 33145 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered dichor registered apent. or both, in the State of Florida. I am familiar with, and acceptable) FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered dichor registered apent. or both, in the State of Florida. I am familiar with, and acceptable in the originations of registered apent. Or both, in the State of Florida. I am familiar with, and acceptable in the originations of registered apent. SIGNATURE City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered folicy registered apent. or both, in the State of Florida. I am familiar with, and acceptable in the origination of registered apent. Signature Apents apents registered apent. or both, in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the State of Florida. I am familiar with, and acceptable in the	1533 SW 20 STREET				1533 SW 20 STREET			A (ROMER) II	:	n elin buri	ì ci yû s (c û : 0		ara 2 1 11 18 4 1	
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12. It 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 japon is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or jrustife empowering to execute this lepont a frequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an other like empowered. SIGNATURE:														