

FILED
Apr 18, 2007 8:00 am
Secretary of State

4090



1st MOORE CR2E034 (10/06)

DOCUMENT # P06000117244 1. Entity Name DIANA PATRICIA CEBALLOS, P.A.		Secretary of State 04-18-2007 90170 022 ***150.00																													
Principal Place of Business 6663 MISSION CLUB BLVD. APT 109 ORLANDO FL 32821		Mailing Address 6663 MISSION CLUB BLVD. APT 109 ORLANDO FL 32821																													
2. Principal Place of Business - No P.O. Box # 12347 ACCIPITER DRIVE Suite, Apt. #, etc.		3. Mailing Address 12347 ACCIPITER DRIVE Suite, Apt. #, etc.																													
City & State ORLANDO - FLORIDA Zip 32837 Country E.U.		City & State ORLANDO - FLORIDA Zip 32837 Country UNITED STATES																													
6. Name and Address of Current Registered Agent CEBALLOS, DIANA PATRICIA 6663 MISSION CLUB BLVD. APT 109 ORLANDO FL 32821		7. Name and Address of New Registered Agent Name CEBALLOS DIANA PATRICIA P.A. Street Address (P.O. Box Number is Not Acceptable) 12347 ACCIPITER DRIVE City ORLANDO FL Zip Code 32837																													
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE: _____</div></div>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; text-align: right;">Delete <input checked="" type="checkbox"/></td></tr><tr><td>D CEBALLOS, DIANA PATRICIA 6663 MISSION CLUB BLVD., APT 109 ORLANDO FL 32821</td><td></td></tr><tr><td> </td><td>Delete <input type="checkbox"/></td></tr><tr><td> </td><td>Delete <input type="checkbox"/></td></tr><tr><td> </td><td>Delete <input type="checkbox"/></td></tr><tr><td> </td><td>Delete <input type="checkbox"/></td></tr><tr><td> </td><td>Delete <input type="checkbox"/></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input checked="" type="checkbox"/>	D CEBALLOS, DIANA PATRICIA 6663 MISSION CLUB BLVD., APT 109 ORLANDO FL 32821			Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td>D CEBALLOS DIANA PATRICIA P.A. 12347 ACCIPITER DRIVE ORL FL 32837</td><td></td></tr><tr><td> </td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td> </td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td> </td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td> </td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td> </td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	D CEBALLOS DIANA PATRICIA P.A. 12347 ACCIPITER DRIVE ORL FL 32837			Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DIANA PATRICIA CEBALLOS P.A. 04-09-07 407-2350449 <div style="display: flex; justify-content: space-between;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																															

Charlie Crist, Governor
Holly Benson, Secretary

FEBRUARY 14, 2007

DIANA PATRICIA CEBALLOS
12347 ACCIPITER DRIVE
ORLANDO, FL 32827

RE: FLORIDA REAL ESTATE COMMISSION
LICENSE SL3121295

DEAR DIANA CEBALLOS:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION HAS RECEIVED YOUR ADDRESS CHANGE WITH A REQUEST FOR A P.A. DESIGNATION. YOUR REQUEST CANNOT BE PROCESSED FOR THE FOLLOWING REASON(S):

THE FEE REQUIRED TO ADD OR DELETE A P.A. DESIGNATION IS \$30.00. PLEASE RETURN THE CORRECT AMOUNT WITH A COPY OF THIS LETTER FOR PROCESSING.

A REQUIREMENT TO ADD A P.A. DESIGNATION IS THAT THE NAME BE REGISTERED WITH THE SECRETARY OF STATE, DIVISION OF CORPORATIONS. RESEARCH HAS PROVIDED PROOF OF REGISTRATION THROUGH THE SECRETARY OF STATE, DIVISION OF CORPORATIONS. WHEN THE ABOVE FEE OF \$30.00 HAS BEEN RECEIVED THE TRANSACTION OF ADDING A P.A. DESIGNATION WILL BE FINALIZED.

THIS INFORMATION IS NEEDED TO COMPLETE YOUR P.A. DESIGNATION. NO FURTHER ACTION WILL BE TAKEN UNTIL ALL INFORMATION IS RECEIVED.

ALL CORRESPONDENCE MUST BE RETURNED TO THE ADDRESS BELOW.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW.

MKD

ATTACHMENT
Department of Business
Professional Regulation

40067205

#P060002117244

Freeman
Feb 19/07
5:02pm

ATTACHMENT

40067205

#P06000117244

DBPR 0080-1 - Request for Address or Name Change

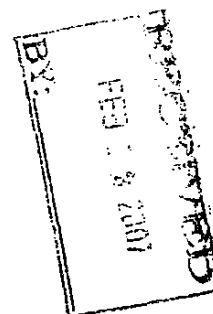
Florida's Future...

Right Here.
Right Now.STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

SELECT TRANSACTION TYPE	
Transaction Type:	
<input type="checkbox"/> Name Change (individual)	<input type="checkbox"/> Change Contact Information (phone and/or e-mail)
<input type="checkbox"/> Name Change (business)	<input type="checkbox"/> Change Physical Address
<input checked="" type="checkbox"/> Change Mailing Address	

LICENSEE INFORMATION		
License Number <u>SL 3121295</u>		
Licensee Name (previous) <u>DIANA PATRICIA CEBALLOS</u>		
Licensee Name (new) <u>DIANA PATRICIA CEBALLOS P.A.</u>		
NEW MAILING ADDRESS		
Street Address or P.O. Box <u>12347 ACCIPITER DRIVE</u>		
<u>ORLANDO FL</u>		
City <u>ORLANDO</u>	State <u>FLORIDA</u>	Zip Code (+4 optional) <u>32837</u>
County (if Florida address) <u>ORANGE</u>	Country <u>U.S.</u>	
NEW CONTACT INFORMATION		
Primary Phone Number <u>407-2350449</u>	Primary E-Mail Address <u>diangceballos@hotmail.com</u>	
NEW PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address <u>12347 ACCIPITER DRIVE</u>		
<u>ORLANDO</u>		
City <u>ORLANDO</u>	State <u>FLORIDA</u>	Zip Code (+4 optional) <u>32837</u>
County (if Florida address) <u>ORANGE</u>	Country <u>UNITED STATES</u>	
NEW ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
Alternate Phone Number <u>407-886 3058</u>	Fax Number <u>407-886 3058</u>	
Alternate E-Mail Address <u>diangceballos@hotmail.com</u>		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Licensee Sign Here: L. CeballosDate: 01-31-07

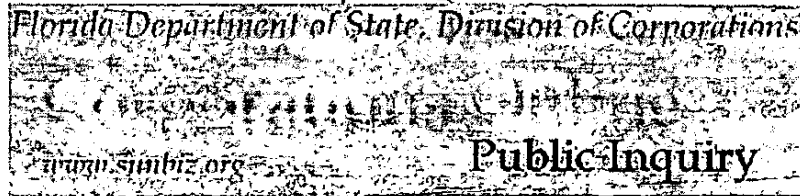
RECEIVED

FEB 07 2007

DIU REV/ADM

ATTACHMENT

40067205



Florida Profit**DIANA PATRICIA CEBALLOS, P.A.**

PRINCIPAL ADDRESS
6663 MISSION CLUB BLVD.
APT 109
ORLANDO FL 32821

MAILING ADDRESS
6663 MISSION CLUB BLVD.
APT 109
ORLANDO FL 32821

Document Number
P06000117244

State
FL

FEI Number
NONE

Status
ACTIVE

Date Filed
09/11/2006

Effective Date
09/01/2006

Registered Agent

Name & Address
CEBALLOS, DIANA PATRICIA 6663 MISSION CLUB BLVD. APT 109 ORLANDO FL 32821

Officer/Director Detail

Name & Address	Title
CEBALLOS, DIANA PATRICIA 6663 MISSION CLUB BLVD., APT 109 ORLANDO FL 32821	D

Annual Reports

Report Year	Filed Date
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