


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90023 007 ***150.00

DOCUMENT # P06000127960	
1. Entity Name LILLIAN CAROLINA OTERO, P.A.	

Principal Place of Business 6662 BOCA DEL MAR DR. BOCA RATON, FL 33433	Mailing Address 6662 BOCA DEL MAR DR. BOCA RATON, FL 33433
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01282008 Chg-P	CR2E034 (12/06)
4. FEI Number 87-0782718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENISA LEVIN, P.A. 1900 NW CORPORATE BLVD, STE 400 E BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent	
Name LILLIAN CAROLINA OTERO	
Street Address (P.O. Box Number is Not Acceptable) 6662 BOCA DEL MAR DR #117	
City BOCA RATON	FL Zip Code 33433

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 <i>L. Carlin - Otero</i>	DATE 01/28/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTERO, LILLIAN C 6662 BOCA DEL DIAR DR #117 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE <i>L. Carlin - Otero</i>	DATE 01/28/08	DAYTIME PHONE 561 929 0764
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		