
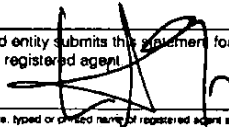
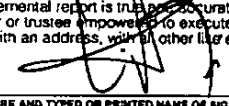


**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90068 049 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

66010378

DOCUMENT # P07000013318			
1. Entity Name LUIS A. ESPINO III, ESQ., P.A.			
Principal Place of Business <del>806 DOUGLAS ROAD SUITE 580</del> <del>CORAL GABLES, FL 33134</del>		Mailing Address <del>806 DOUGLAS ROAD SUITE 580</del> <del>CORAL GABLES, FL 33134</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. # <b>355 ALHAMBRA CIRCLE</b> <b>SUITE 801</b>		Suite, Apt. # <b>355 ALHAMBRA CIRCLE</b> <b>SUITE 801</b>	
City & State <b>CORAL GABLES, FLORIDA</b>		City & State <b>CORAL GABLES, FLORIDA</b>	
Zip <b>33134</b> Country <b>US</b>		Zip <b>33134</b> Country <b>US</b>	
4. FEI Number <b>83-0479626</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESPINO, III, LUIS A ESQ <del>806 DOUGLAS ROAD SUITE 580</del> <del>CORAL GABLES, FL 33134</del>		Name <b>ESPINO, III, LUIS A. ESQ.</b>	
		<del>806 DOUGLAS ROAD SUITE 580</del>	
		<b>355 ALHAMBRA CIRCLE</b>	
		<b>SUITE 801</b>	
		City <b>CORAL GABLES FL 33134</b>	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	ESPINO, III, LUIS A ESQ		
STREET ADDRESS	806 DOUGLAS ROAD SUITE 580		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINO, III, LUIS A. ESQ.		
STREET ADDRESS	355 ALHAMBRA CIR STE 801		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
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 filer empowered.			
SIGNATURE: 		Date <b>4/8/08</b> 7863648400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	