


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90411 047 \*\*\*150.00

**DOCUMENT # P07000054768**


1. Entity Name  
**BEATRIZ M. COSCULLUELA, CPA, P.A.**



Principal Place of Business      Mailing Address  
**600 BILTMORE WAY #504**      **600 BILTMORE WAY #504**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

**40087804**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1650 Coral way**      **1650 Coral way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 300**      **Suite 300**  
 City & State      City & State  
**Miami, FL**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33145**      **USA**      **33145**      **USA**



04232008      Chg-P      CR2E034 (12/06)

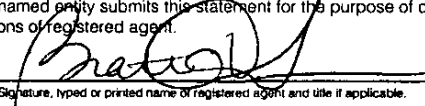
4. FEI Number      Applied For  
**26-0161523**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**COSCULLUELA, BEATRIZ M**  
**600 BILTMORE WAY #504**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent  
 Name **Beatriz Cosculluela**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1650 Coral way, Suite 300**  
 City **Miami**      **FL**      Zip Code **33145**

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 **4/20/08**

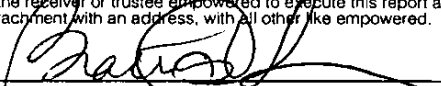
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS COSCULLUELA, BEATRIZ M 600 BILTMORE WAY #504 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS COSCULLUELA, BEATRIZ M. 1650 Coral way, Suite 300 Miami, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSCULLUELA, BEATRIZ M 600 BILTMORE WAY #504 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSCULLUELA, BEATRIZ M. 1650 Coral way, Suite 300 Miami, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       DATE **4/20/08**      Daytime Phone # **305-285-0093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #