

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060246

Entity Name: AYLIN FRAXEDAS, PA

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1500 SAN REMO AVENUE
145
CORAL GABLES, FL 33146

Current Mailing Address:

1500 SAN REMO AVENUE
145
CORAL GABLES, FL 33146

New Principal Place of Business:

283 CATALONIA AVENUE
200
CORAL GABLES, FL 33134

New Mailing Address:

283 CATALONIA AVENUE
200
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAXEDAS, AYLIN
1500 SAN REMO AVENUE
145
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FRAXEDAS, AYLIN
283 CATALONIA AVENUE
200
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRAXEDAS, AYLIN
Address: 1500 SAN REMO AVENUE, SUITE 145
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRAXEDAS, AYLIN
Address: 283 CATALONIA AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AYLIN FRAXEDAS

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date