

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063533

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: COLBERT, BOUE AND JUNCADILLA, P.A.

## Current Principal Place of Business:

3001 PONCE DE LEON BLVD  
SUITE 211  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

3001 PONCE DE LEON BLVD  
SUITE 211  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0435070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLBERT, CARL  
3001 PONCE DE LEON BLVD  
SUITE 211  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLBERT, CARL  
Address: 6845 SW 64 STREET  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: BOUE, LUIS E  
Address: 7600 SW 109 TERR  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: JUNCADILLA, MIGUEL M  
Address: 6375 S.W. 116 STREET  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOUE, LUIS E  
Address: 6405 SW 133 DRIVE  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL COLBERT

DIR

01/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date