


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P93000063533 1. Entity Name COLBERT, BOUE AND JUNCADILLA, P.A.	
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Principal Place of Business 3001 PONCE DE LEON BLVD SUITE 211 CORAL GABLES, FL 33134	Mailing Address 3001 PONCE DE LEON BLVD SUITE 211 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0435070	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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	000000785446 01/17/08-80001-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBERT, CARL 6845 SW 64 STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUE, LUIS E 6405 SW 133 DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNCADILLA, MIGUEL M 6375 S.W. 116 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **MIGUEL H. JUNCADILLA**
1/11/08 305 448-8700
Date Daytime Phone #