FILED 2006 FOR PROFIT CORPORATION Mar 02, 2006 08:00 Al **ANNUAL REPORT DOCUMENT # P93000064579 Secretary of State** 1. Entity Name LIMA & RIOS, P.A. Mailing Address Principal Place of Business 8360 WEST FLAGLER ST. 8360 WEST FLAGLER ST. #200 #200 MIAMI, FL 33144 MIAMI, FL 33144 02252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0457391 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent RIOS, LUIS O DO NOT WRITE 8360 WEST FLAGLER ST. #200 IN THIS SPACE MIAMI, FL 33144 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 hyped or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be

FILE	NOW!!!	FEE IS	\$150.00	}
After May	, 1, 2 00	6 Fee w	ill be \$5	50.00

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS PD TITLE NAME RIOS, LUIS O 8360 W. FLAGLER ST. #200 UMMM454102 STREET ADDRESS MIAMI, FL 33144 113714706-80048-014 150.00 City-St-ZiP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 ampowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davilme Prione #

Applied For

Not Applicable