## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P93000069370

ALEXIS IZQUIERDO & ASSOCIATES P.A.



**FILED** Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

102 E. 49 ST. HIALEAH, FL 33013 102 E. 49 ST. HIALEAH, FL 33013



DO NOT WRITE IN THIS SPACE

01172007 CR2E034 (11/05)

5 Certificate of Status Desired	\$8.7	5 Additional	
65-0457639		Not Applic	abl
<ol><li>FEI Number</li></ol>		Applied Fo	ľ

6. Name and Address of Current Registered Agent

IZQUIERDO, ALEXIS

## DO NOT WRITE

102 E. 49 ST. HIALEAH, FL 33013			IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am femiliar with, and acc	er	
SIGNATURE	Signature, typed or printed name of registered agent and title in	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000606242 01/30/07-80069-024 150.00		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D IZQUIERDO, ALEXIS 102 E. 49 ST. HIALEAH, FL 33013	TORS	Service Services	. "	and the second of the second o	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in Marigan	e de la gradición de la filla de proche de la filla de proche de la filla de l	į.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE	**	
TITLE NAME					en e		

Med with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 tegenowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information such indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an analysis.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #