


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000038538**  
 1. Entity Name  
 DE LA HOZ & ASSOCIATES, P.A.



Principal Place of Business      Mailing Address  
 304 PALERMO AVE                      304 PALERMO AVE  
 CORAL GABLES, FL 33134 US          CORAL GABLES, FL 33134 US

**DO NOT WRITE IN THIS SPACE**



04252007    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0488482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA HOZ, JORGE E  
 304 PALERMO AVE  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000749724  
 05/18/07-88835-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	DE LA HOZ, JORGE E
STREET ADDRESS	304 PALERMO AVE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 *Jorge De La Hoz*      Date *4/25/07*      Daytime Phone # *305 448 5585*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*JORGE DE LA HOZ*