## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000018344

Entity Name: REVUELTA VEGA LEON P.A.

FILED Jan 29, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
2950 SW 2	27 AVE				
SUITE 310	-				
MIAMI, FL	33133 US	8			
Current M	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
2950 SW 2	27 Δ\/F				
SUITE 310					
MIAMI, FL		8			
FEI Number	: 65-0562927	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
MIR, HEC 2655 LE JI SUITE 110 CORAL G	EUNE RD	3134 US			
in the State	e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	Р (	) Delete	Title:	( ) Change ( ) Addition	
Name:	REVUELTA, L	,	Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	2950 SW 27 A	NE # 310	Address:		
City-St-Zip:	MIAMI, FL 33	133	City-St-Zip:		
Title:	VP (	) Delete	Title:	() Change () Addition	
Name:	VEGA, NESTO	,	Name:	( ) Sharigs ( ) / taaliish	
Address:	9232 SW 127		Address:		
City-St-Zip:	MIAMI, FL 33		City-St-Zip:		
<del>-</del>		<b>.</b> 5. 1. (	<del></del>	( ) A L !!!	
Title:	,	) Delete	Title:	( ) Change ( ) Addition	
Name: SEGISBERTO, LEON J		Name:			
Address:	8701 SW 86 A		Address:		
City-St-Zip:	MIAMI, FL 33	143	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: NESTOR VEGA VP 01/29/2009