

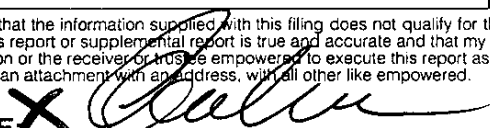


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90041 004 ***150.00

DOCUMENT # P96000065354					
1. Entity Name LOUIS E. ERICE, P.A.					
Principal Place of Business 10061 SW 123 AVE MIAMI, FL 33186 US			Mailing Address 10061 SW 123 AVE MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box # 11420 N Kendall Dr Suite, Apt. #, etc. 207 City & State Miami, FL Zip 33176 Country USA		3. Mailing Address 11420 N Kendall Dr Suite, Apt. #, etc. 207 City & State Miami, FL Zip 33176 Country USA			
4. FEI Number 65-0684617				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03072007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ERICE, LOUIS E 10061 SW 123 AVE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name E-ric, Louis E. Street Address (P.O. Box Number is Not Acceptable) 11420 N Kendall Dr Suite 207 City Miami FL Zip Code 33176		
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  Louis E. Erice, Director 3-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICE, LOUIS E 10061 SW 123 AVE MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erice, Louis E. 11420 N Kendall Dr, Suite 207 Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 		Louis E. Erice 3/6/07		305-431-3535	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	