## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000033135

Entity Name: ALBERTO J. XIQUES, P.A.

FILED Jun 30, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

PO BOX 0487 1825 PONCE DE LEON BLVD MIAMI, FL 33245 432

432 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

PO BOX 0487 1825 PONCE DE LEON BLVD MIAMI, FL 33245 432 CORAL GABLES, FL 33134

FEI Number: 65-0745799 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

XIQUES, ALBERTO J ESQ 784 NAVARRE AVENUE CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS ( ) Delete Title: PS (X) Change ( ) Addition

Name: XIQUES, ALBERT J Name: XIQUES, ALBERT J

Address: PO BOX 0487 Address: 1825 PONCE DE LEON BLVD #432 City-St-Zip: MIAMI, FL 33245 City-St-Zip: CORAL GABLES, FL 33134

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: ALBERT J XIQUES PS 06/30/2007