## **FILED** Apr 13, 2006 08:00 AM Secretary of State

| DOCUMENT # P970                     |                                     |          |
|-------------------------------------|-------------------------------------|----------|
| LAW OFFICES OF ALEJAND              | DRO A. ZAMORA, ESQ., P.A.           |          |
| Principal Place of Business         | Mailing Address                     |          |
| 1298 NW 10TH AVE<br>MIAMI, FL 33136 | 1298 NW 10TH AVE<br>MIAMI, FL 33136 |          |
|                                     |                                     | <u> </u> |

DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent

ZAMORA, ALEJANDRO A

1298 NW 10TH AVE MIAMI, FL 33136

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|---|--|--|--|--|--|
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| 04102000      | ING CRIG-C   | Crezous | er (c (con)     |
|---------------|--------------|---------|-----------------|
| 4. FEI Number | r:           |         | Applied For     |
| 65-0787       | <b>'</b> 915 |         | Not Applicable  |
|               | *            |         | 8 75 Additional |

5. Certificate of Status Desired

Fee Required

**DO NOT WRITE** 

## IN THIS SPACE

| 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 lamillar with, and accept the obligations of registered agent. |   |   |   |  |                 |  |  |
|---|---|---|---|--|-----------------|--|--|
| SIGNATURE.  | Signature, typed or printed name of registered agent and title if | applicable. (NOTE Register                      | (griftalanier rechive enutarial lange) be | DATE   | <del></del>     |  |  |
| FIL<br>After M  | E NOWIII FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00       | Election Campaign Fina Trust Fund Contribution. |   | 000000506891<br>04/27/06-80042-015   | 150.00          |  |  |
| 10.   | OFFICERS AND DIREC  | TORS  | 1   | · · · · · · · · · · · · · · · · · · ·  |                 |  |  |
| THE NAME STREET ADDRESS CITY-ST-ZIP   | DPTS ZAMORA, ALEJANDRO A 1298 NW 10TH AVE MIAMI, FL 33136         | · · · · · ·                                     |   | The second of th | ÷               |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |   |  |                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | DO  | NOT WRITE  |                 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | = "                                       | THIS SPACE   | ,               |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | _   |   | ed e opti<br>P   |                 |  |  |
| TITLE<br>STATE STATE ADDRESS<br>CITY-ST-ZIP   | partiful that the information available with this fill            |   | No. and local la Charles 110              | Foods Statutes Unither contiffs they   | the information |  |  |

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 title corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

4-10-06

(25) 321-4512