2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

NAME STREET ADDRESS 1298 NOV 10TH AVE STREET ADDRESS CITY-ST-2P CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P	DOCUMENT # P9/0000/8193 1. Entity Name LAW OFFICES OF ALEJANDRO A. ZAMORA, ESQ., P.A.							03-20-200	08 90040 025	***1	50.00	
Suite_Apt_E_orc. Suite_Apt_E_orc. Suite_Apt_E_orc. Suite_Apt_E_orc. Suite_Apt_E_orc. Suite_Apt_E_orc. Suite_Apt_E_orc. Applied For Applied	1298 NW 10	TH AVE	1298 NW 10TH AVE						U U	vvv	U014	
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
ZID COUNTY ZID COUNTY S. Certificate of Situate Desired S. S. Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this closemopy for the purpose of changing its registered coffice or negastered agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or highpations of regressed agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Florida. I an harrists with, and accept me or high acceptance maked agent, or both, in the Siste of Fl	Suite, Apt. #, etc.		Suite, Apt. #, etc.				03172008	Chg-P	CR2E034 (1	2/06)		
1. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name and Addr	City & State		City & State				915					
Name Amount Acceptable	Zip	Country	Zip	ip Country			5. Certificate of	Status Desired	□ \$8.7 Fee R	5 Add equired	itional I	
AMAIN, FL 33136 Street Address (P O Box Number) Not Acceptable		6. Name and Address of Current		7. Name and A	ddress of New R	egistered Agent						
MIAMI, FL 33136 140 N.W. 17 NVC	1298 NW 10TH AVE					LAMORA HELANDRO H.						
8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmites with, and accept the property of t												
SIGNATURE	·			•	City AA	,	*178-7-		FL Z	237	25	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	the obligat	ions of registered agent	hone		:				_	r with, a	and accept	
ITILE NAME DPTS Delete NAME DPTS NAME	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.			cing		ed to Fees					
NAME STREET ADDRESS 1298 NOV 10TH AVE STREET ADDRESS CITY-ST-2P CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P	10.	OFFICERS AND	DIRECTORS	11.		,	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
NAME STREET ADDRESS CHY-ST-ZIP Change Addition Change C	NAME STREET ADDRESS	ZAMORA, AŁEJANDRO A 1298 NW 10TH AVE	☐ Delete	NAME STREE	ET ADDRESS	DGT. LAN 1401 M	S MORA, Aley N.W. I NAMI, F	MORO A. 7 NC 1 33125	,	range	☐ Addition	
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12. Thereby 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	NAME STREET ADDRESS CITY ST-ZIP			NAME STREE CITY	ET ADDRESS ST-ZIP	ontaine	t in Charter 110	Florida Statutos			Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an dilicer 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 tike empowered.

SIGNATURE: __

OPSIGNING OFFICER OR DIRECTOR