

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020008

FILED
Jun 28, 2006
Secretary of State

Entity Name: CLARA DEL RISCO-CHAVEZ, P.A.

Current Principal Place of Business:

7765 NW 146 ST.
MIAMI LAKES, FL 33016

New Principal Place of Business:

215 WEST 49 STREET
HIALEAH, FL 33012

Current Mailing Address:

7765 NW 146 ST.
MIAMI LAKES, FL 33016

New Mailing Address:

215 WEST 49 STREET
HIALEAH, FL 33012

FEI Number: 65-0915123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL RISCO, CLARA
7765 NW 146 ST.
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

DEL RISCO, CLARA
215 WEST 49 STREET
HIALEAH, FL 33012 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: CLARA DEL RISCO

06/28/2006

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:

Title: PD () Delete
Name: DEL RISCO, CLARA
Address: 7765 NW 146 STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: S () Delete
Name: DEL RISCO, CLARA
Address: 7765 NW 146 STREET
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEL RISCO, CLARA
Address: 215 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012

Title: S (X) Change () Addition
Name: DEL RISCO, CLARA
Address: 215 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARA DEL RISCO

P

06/28/2006

Electronic Signature of Signing Officer or Director

Date