

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046473

FILED
Mar 20, 2007
Secretary of State

Entity Name: CUERVO & ASSOCIATES, P.A.

Current Principal Place of Business:

235 N. UNIVERSITY DR.
H
PEMBROKE PINES, FL 33024

New Principal Place of Business:

235 N. UNIVERSITY DR.
SUITE H
PEMBROKE PINES, FL 33024

Current Mailing Address:

235 N. UNIVERSITY DR.
H
PEMBROKE PINES, FL 33024

New Mailing Address:

235 N. UNIVERSITY DR.
SUITE H
PEMBROKE PINES, FL 33024

FEI Number: 65-0921616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUERVO, WILLIAM
235 N. UNIVERSITY DR.
STE #H
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CUERVO, WILLIAM
235 N. UNIVERSITY DR.
SUITE H
PEMBROKE PINES, FL 33024 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:

03/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CUERVO, WILLIAM
Address: 235 N. UNIVERSITY DR., #H
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: PEREZ, MARIO J
Address: 235 N. UNIVERSITY DR., #H
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CUERVO, WILLIAM
Address: 235 N. UNIVERSITY DR., SUITE H
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM CUERVO

PS

03/20/2007

Electronic Signature of Signing Officer or Director

Date