

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039461

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: N. CHAPARRO, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

2100 TREYMORE DR  
ORLANDO, FL 32825

**New Principal Place of Business:**

2305 FOUNTAIN GRASS DR  
VALRICO, FL 33594

**Current Mailing Address:**

2100 TREYMORE DR  
ORLANDO, FL 32825

**New Mailing Address:**

2305 FOUNTAIN GRASS DR  
VALRICO, FL 33594

FEI Number: 59-3719868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAPARRO, NOE  
2100 TREYMORE DR  
ORLANDO, FL 32825 US

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

CHAPARRO, NOE  
2305 FOUNTAIN GRASS DR  
VALRICO, FL 33594 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

04/09/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAPARRO, NOE  
Address: 2100 TREYMORE DR  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: CHAPARRO, EVELYN  
Address: 2100 TREYMORE DR  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHAPARRO, NOE  
Address: 2305 FOUNTAIN GRASS DR  
City-St-Zip: VALRICO, FL 33594

Title: D (X) Change ( ) Addition  
Name: CHAPARRO, EVELYN  
Address: 2305 FOUNTAIN GRASS DR  
City-St-Zip: VALRICO, FL 33594

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: NOE CHAPARRO

D

04/09/2007

Electronic Signature of Signing Officer or Director

Date