

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042584

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: ADRIANA DELORENZO, P.A.

**Current Principal Place of Business:**

400 KINGS POINT DR  
STE 824  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

5220 S. UNIVERSITY DR.  
SUITE C-102  
DAVIE, FL 33328

**New Mailing Address:**

400 KINGS POINT DR  
824  
SUNNY ISLES, FL 33160

FEI Number: 36-4494421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA'S ENTERPRISE, INC.  
5220 S. UNIVERSITY DR.  
SUITE C-102  
DAVIE, FL 33328 US

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

DELORENZO, ADRIANA  
400 KINGS POINT DR.  
824  
SUNNY ISLES, FL 33160 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: ADRIANA DELORENZO

02/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELORENZO, ADRIANA  
Address: 400 KINGS POINT DR STE 824  
City-St-Zip: SUNNY ISLES, FL 33160

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

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: ADRIANA DELORENZO

PD

02/14/2007

Electronic Signature of Signing Officer or Director

Date