## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000021240

Entity Name: CONDONOMICS INC.

**FILED** Feb 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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19195 MYSTIC POINTE DRIVE, #2007 1005 KANE CONCOURSE AVENTURA, FL 33180

210

BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address: New Mailing Address:** 

19195 MYSTIC POINTE DRIVE, #2007 19195 MYSTIC POINTE DRIVE, #2007

AVENTURA, FL 33180 2007

AVENTURA, FL 33180

FEI Number: 20-4293365 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAMSON, LAWRENCE M SAMSON, LAWRENCE M

19195 MYSTIC POINTE DRIVE, #2007 19195 MÝSTIC POINTE DRIVE, #2007

AVENTURA, FL 33180 2007 AVENTURA, FL 33180 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: LAWRENCE M. SAMSON 02/13/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition

SAMSON, LAWRENCE M Name: Name: 19195 MYSTIC POINTE DRIVE, #2007 Address: Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

Name: SAMSON, LAWRENCE M Name: 19195 MYSTIC POINTE DRIVE, #2007 Address: Address: AVENTURA, FL 33180 City-St-Zip: 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: LAWRENCE M. SAMSON **PVPT** 02/13/2007