

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123160

FILED  
Apr 24, 2010  
Secretary of State

Entity Name: PAGE-LOZANO, PA

**Current Principal Place of Business:**

3750 GUNN HIGHWAY  
SUITE #304  
TAMPA, FL 33618

**New Principal Place of Business:**

NONE  
NONE  
NONE, FL

**Current Mailing Address:**

P.O. BOX 270190  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 20-5657498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MONTES DE OCA LAW GROUP, LLC  
2701 W. BUSCH BLVD.  
SUITE #111  
TAMPA, FL 33618 US

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

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAGE-LOZANO, JENNIFER L ESQ.  
Address: P.O. BOX 270190  
City-St-Zip: TAMPA, FL 33688

Title: VP  
Name: PAGE-LOZANO, JENNIFER L ESQ.  
Address: P.O. BOX 270190  
City-St-Zip: TAMPA, FL 33688

Title: S  
Name: PAGE-LOZANO, JENNIFER L ESQ.  
Address: P.O. BOX 270190  
City-St-Zip: TAMPA, FL 33688

Title: T  
Name: PAGE-LOZANO, JENNIFER L ESQ.  
Address: P.O. BOX 270190  
City-St-Zip: TAMPA, FL 33688

Title: DIR.  
Name: PAGE-LOZANO, JENNIFER L ESQ.  
Address: P.O. BOX 270190  
City-St-Zip: TAMPA, FL 33688

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER PAGE-LOZANO

P

04/24/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date