2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# P06000147683

Entity Name: LAW OFFICES OF PRISCILLA C. MOXAM, P.A.

Current Principal Place of Business:

440 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33325

New Principal Place of Business:

2703 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

Current Mailing Address:

440 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33325

New Mailing Address:

2703 N. ANDREWS AVENUE
WILTON MANORS, FL 33311

FEI Number: 20-5945041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOXAM, PRISCILLA C
440 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

MOXAM, PRISCILLA C
2703 N. ANDREWS AVE
WILTON MANORS, FL 33311 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: PRISCILLA C. MOXAM 01/23/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOXAM, PRISCILLA C
Address: 9569 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MOXAM, PRISCILLA C
Address: 9569 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SECR ( ) Change (X) Addition
Name: MOXAM, PRISCILLA C
Address: 9569 SW 1ST COURT
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify 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: PRISCILLA C. MOXAM PRES 01/23/2008
Electronic Signature of Signing Officer or Director Date