2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90065 049 ***150.00

DOCUMENT # S87643

1. Entity Name
LAPADULA AND COMPANY, P.A.

Principal Place of Business	Mailing Address
2801 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 US	2801 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 US

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04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2 Alhambra Plaza	2 Alhambra Plaza
Suite, Apt. #, etc. Suite 1100	Suite, Apt. #, etc. Suite 1100
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country U.S.	Zip 33134 Country U.S.

4. FEI Number 65-0292391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAPADULA, DANIEL 2801 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33146	Name Daniel LaPadula Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza Suite 1100 City Coral Gables FL Zip Code 33134

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	LAPADULA, DANIEL		NAME	LaPadula, Daniel	
STREET ADDRESS	2801 PONCE DE LEON BLVD, STE 1100		STREET ADDRESS	2 Alhambra Plaza, Suite 1100	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	CARLSON, SHARON		NAME	Carlson, Sharon	
STREET ADDRESS	2801 PONCE DE LEON BLVD, STE 1100		STREET ADDRESS	2 Alhambra Plaza, Suite 1100	
CITY-ST-ZIP	CORL GBLES, FL		CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #