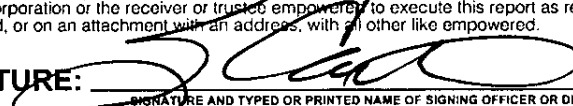


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 2801 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 US			Mailing Address 2801 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # 2 Alhambra Plaza		3. Mailing Address 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 LAPADULA, DANIEL 2801 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	D LAPADULA, DANIEL 2801 PONCE DE LEON BLVD, STE 1100 CORAL GABLES, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LaPadula, Daniel 2 Alhambra Plaza, Suite 1100 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSON, SHARON 2801 PONCE DE LEON BLVD, STE 1100 CORAL GABLES, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carlson, Sharon 2 Alhambra Plaza, Suite 1100 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
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 an other like empowered.					
SIGNATURE: 			Date 4-9-07 Daytime Phone # _____		