

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000106568

**Entity Name:** BURNADETTE NORRIS-WEEKS, P.A.

**Current Principal Place of Business:**

401 NORTH AVENUE OF THE ARTS (NW 7TH AVE)  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

401 NORTH AVENUE OF THE ARTS (NW7TH AVE)  
FORT LAUDERDALE, FL 33311

**FEI Number:** 65-0970493

**Certificate of Status Desired:** No

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

NORRIS-WEEKS, BURNADETTE  
401 NORTH AVENUE OF THE ARTS (NW7TH AVE.)  
FORT LAUDERDALE, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NORRIS-WEEKS, BURNADETTE  
Address 401 NORTH AVENUE OF THE ARTS  
(NW 7TH AVE.)  
City-State-Zip: FORT LAUDERDALE FL 33311

*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:** BURNADETTE NORRIS-WEEKS

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date