2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 489370

1. Entity Name

KREÚSLER-WALSH, COMPIANI & VARGAS, P.A.



Principal Place of Business

501 S. FLAGLER DRIVE

STE 503

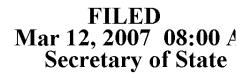
WEST PALM BEACH, FL 33401

Mailing Address

501 S. FLAGLER DRIVE

STF 503

WEST PALM BEACH, FL 33401





03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1633894

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREUSLER-WALSH, JANE 501 S. FLAGLER DRIVE SUITE 503-FLAGLER CENTER W. PALM BEACH, FL 33401

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W. PALM BEACH, FL 33401			IN THIS STACE			
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				J Agent signature required when reinstating) DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREUSLER-WALSH, JANE 501 S FLAGLER DRIVE WEST PALM BEACH, FL 33401				·	
TITLE					000000662306 03/21/07-80008-001 150.D	
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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:

IGNATURE AND TYPES OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

3.8.07

561.659.5456

Daytime Phone #