2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 538501

1. Entity Name

JOHN C. KACZMAREK, P.A. ATTORNEY AT LAW



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

370 W CAMINO GARDENS BLFD

SUITE 200-B

BOCA RATON, FL 33432 US

Mailing Address

370 W CAMINO GARDENS BLVD

SUITE 200-B

BOCA RATON, FL 33432



02062007

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-1748738

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KACZMAREK, JOHN C. ESQ. 370 W. CAMINO GARDENS BLVD SUTIE 200-B BOCA RATON, FL 33432

D() N	OT	WR	ITE
eranierisk	HA WAY	IIS	3131.XXX	

the obligations of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable (NOTE: Registe	ered Agent signature required when reinstating)	nt signature required when reinstating) DATE				
		Election Campaign Fin Trust Fund Contribution		U00000628995 02/16/07-80040-001	150.00			
10.	OFFICERS AND DIRECT	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST- KACZMAREK, JOHN C. 370 W CAMINO GARDENS BLVD., S' BOCA RATON FL,	TE 200-B						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACZMAREK, JOHN C. 370 W CAMINO GARDEN'S BLVD., S' BOCA RATON FL,	TE 200-B						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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, 1 am familiar with, and accept

12. I hereby certify that the information supplied with this filling 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 logal effect as if made under eath; that I am an efficer 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 impowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

LC. Lagrand JOHN C.KACZMA.

2/7/07

Paytima Phone #