



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 538501 1. Entity Name JOHN C. KACZMAREK, P.A. ATTORNEY AT LAW																		
Principal Place of Business 370 W CAMINO GARDENS BLVD SUITE 200-B BOCA RATON, FL 33432 US		Mailing Address 370 W CAMINO GARDENS BLVD SUITE 200-B BOCA RATON, FL 33432 US																
2. Principal Place of Business - No P.O. Box # 399 W. Camino Gdns. Blvd. Suite, Apt. #, etc. Suite 300 City & State Boca Raton, Florida Zip 33432 Country Palm Beach		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																
																		
		06292007 Chg-P CR2E034 (12/06)																
		4. FEI Number 59-1748738																
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																
6. Name and Address of Current Registered Agent KACZMAREK, JOHN C. ESQ. 370 W. CAMINO GARDENS BLVD SUITE 200-B BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Kaczmarek, John C., Esq. Street Address (P.O. Box Number is Not Acceptable) 399 W. Camino Gdns. Blvd. Suite 300 City Boca Raton FL Zip Code 33432																
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: <u><i>John C. Kaczmarek</i></u> 6/29/07 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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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 any attachment with an address, with all other like empowered.																		
SIGNATURE: <u><i>John C. Kaczmarek</i></u> John C. Kaczmarek, President 6-29-07 561-368-6609 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																		

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STATE
PALM BEACH, FLORIDA