## 2007 FOR PROFIT CORPORATION

**FILED** Mar 26, 2007 08:00 AM

ANNUAL REPURI				C	
1. Entity Nan	MENT # 544408 O YONFA, M.D., P.A.	<del>-</del>			Secretary of St
117 W UNDERWOOD ST		Mailing Address 117 W UNDERWOOD ST ORLANDO, FL 32806	<del> </del>	- 	II TIPII BIRU BICII RAIN ANI PHAN CIDII AIRN BICU BICU BICU CINION HIBIT
C	OO NOT WRITE	IN THIS SPA	CE	01172007  4. FEI Numb 59-176	
8. The above	NDERWOOD ST. D, FL 32806		ed office or register	IN	NOT WRITE THIS SPACE oth, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent and to		d Agent signature required	<del></del>	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		.00 May Be ed to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P YONFA, ALBERTO 117 W. UNDERWOOD STREET ORLANDO, FL S	ECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	YONFA, ALBERTO 117 W. UNDERWOOD STREET ORLANDO, FL				U00000678181 04/02/07-80022-025 150.
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					•

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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2:16 (07 X Date Daytime Phone a