

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90252 045 ***150.00

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1. Entity Name
 MCGILL, ROSELLI, AYALA & HOPPMANN, P.A.



Principal Place of Business
 2135 SOUTH CONGRESS AVE
 W PLM BCH, FL 33406

Mailing Address
 2135 SOUTH CONGRESS AVE
 W PLM BCH, FL 33406

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1986869

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AYALA, RICARDO D
 2135 SOUTH CONGRESS
 W PLM BCH, FL 33406

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSELLI, DANIEL R.
STREET ADDRESS	2135 S. CONGRESS AVE
CITY-ST-ZIP	W.P.B., FL
TITLE	VPT
NAME	AYALA, RICARDO D.
STREET ADDRESS	2135 S. CONGRESS AVE
CITY-ST-ZIP	W.P. B., FL 33467
TITLE	S
NAME	HOPPMANN, ROBERT D
STREET ADDRESS	2135 S. CONGRESS AVE.
CITY-ST-ZIP	WELLINGTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **ROBERT HOPPMANN** 4-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(813) 985455**