

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 687636**

1. Entity Name  
**CHRISTINE LINDQUIST & ASSOCIATES, INC.**



Principal Place of Business

12323 SW 55TH ST.  
BUILDING 1000, #1010  
FORT LAUDERDALE, FL 33330 US

Mailing Address

12323 SW 55TH ST.  
BUILDING 1000, #1010  
FORT LAUDERDALE, FL 33330 US



04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2065819**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTINE LINDQUIST ADRIANI  
12323 SW 55TH ST  
BUILDING 1000, #1010  
FORT LAUDERDALE, FL 33330

**DO NOT WRITE  
IN THIS SPACE**

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 Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
LINDQUIST, CHRISTINE  
12323 SW 55TH ST., #1010  
FORT LAUDERDALE, FL 33330

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
ADRIAN, MARIO I  
12323 SW 55TH ST. #1010  
FORT LAUDERDALE, FL 33330

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UD00000734867  
05/10/07-80011-001 158.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Christine Lindquist Adriani*  
**CHRISTINE LINDQUIST ADRIANI**  
4-24-07, 954.252  
9989