


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 050 ***150.00

DOCUMENT # F06000001489 1. Entity Name THE LAW OFFICES OF WILLIAM G. SAYEGH, P.C.					
Principal Place of Business 65 GLENEIDA AVENUE CARMEL, NY 10512			Mailing Address 65 GLENEIDA AVENUE CARMEL, NY 10512		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SAYEGH, WILLIAM G 1200 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name <i>The Law Firm of William G. Sayegh, P.C.</i> Street Address (P.O. Box Number is Not Acceptable) <i>8145 North Wickham Road</i> Suite 200 City <i>Melbourne</i> <div style="display: inline-block; vertical-align: top;"> FL Zip Code <i>32940</i> </div>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>7/18/08</i>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SAYEGH, WILLIAM G 65 GLENEIDA AVENUE CARMEL, NY 10512	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>7/18/08</i> Daytime Phone # <i>845-228-4200</i>		