


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 006 ***150.00

DOCUMENT # F06000006125 1. Entity Name PUBLIC SAFETY ADVOCATES OF LOUISIANA, INC.					
Principal Place of Business 2430 N 62 AVE HOLLYWOOD, FL 33024			Mailing Address 3389 SHERIDAN ST #246 HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 1526 S.W. FLAGAMI RD.		3. Mailing Address 1526 S.W. FLAGAMI RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT ST. LUCIE, FL		City & State PORT ST. LUCIE, FL		4. FEI Number 72-1399819	
Zip 34953		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERLMUTER, GARY A 2430 N 62 AVE HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name PERLMUTER, GARY A. Street Address (P.O. Box Number is Not Acceptable) 1526 S.W. FLAGAMI RD City PORT ST. LUCIE FL Zip Code 34953		
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>Gary A. Perlmutter</i></u> DATE <u>4/23/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LOPEZ, SANDRA 2430 N 62 AVE HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LOPEZ, SANDRA 1526 S.W. FLAGAMI RD. PORT ST LUCIE, FL 34953
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u><i>Sandra Lopez</i></u> <u>SANDRA LOPEZ</u> <u>4/24/07 (772) 340-1992</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					