


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/7/2007-90002-048-\$150.00-\$150.00

DOCUMENT #F37824 1. Entity Name THOMAS E. CAZEL, P.A.	
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Principal Place of Business 100 S.E. 12TH STREET FORT LAUDERDALE FL 33316 US	Mailing Address 100 S.E. 12TH STREET FORT LAUDERDALE FL 33316 US
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2. Principal Place of Business - No P.O. Box # 1033 S.E. 3rd Ave	3. Mailing Address 1033 S.E. 3rd Ave
Suite, Apt. #, etc. 302	Suite, Apt. #, etc. 302

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33301	Zip 33301
Country USA	Country USA

6. Name and Address of Current Registered Agent CAZEL, THOMAS E PA 100 SOUTHEAST 12TH STREET FT LAUDERDALE FL 33316 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when replacing) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CAZEL, THOMAS E 100 SOUTHEAST 12TH STREET FORT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: Thomas E. Cazel 9/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
07 SEP 26 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/07)