

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # F48560 1. Entity Name VICTOR ESCARPANTER AND ASSOCIATES, P.A.	
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Principal Place of Business 7875 S.W. 40 ST. S217-219 MIAMI, FL 33155 US	Mailing Address 7875 S.W. 40 ST. S217-219 MIAMI, FL 33155 US
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03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2129253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCARPANTER, VICTOR
 7875 SW 40 ST
 S217-219
 MIAMI, FL 33155

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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 reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESCARPANTER, VICTOR JR 12520 S.W. 9TH ST MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCARPANTER, VICTOR 8415 S.W. 107 AVE #320 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000726212
 05/03/07-80053-023 150.00

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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 names empowered.

SIGNATURE: *VICTOR ESCARPANTER* 3/21/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #