



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90022 024 ***150.00

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DOCUMENT # G43590					
1. Entity Name AUBREY J. FERRAO, P.A.					
Principal Place of Business 3200 TAMiami TRAIL N. SUITE 200 NAPLES, FL 34103 US		Mailing Address 3200 TAMiami TRAIL N. SUITE 200 NAPLES, FL 34103 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2298380	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J. WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL N., STE 200 NAPLES, FL 34103			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <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	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERRAO, AUBREY J	NAME	8156 Fiddler's Creek Parkway		
STREET ADDRESS	3470 CLUB CENTER BLVD.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARISI, JOSEPH L	NAME	8156 Fiddler's Creek Parkway		
STREET ADDRESS	3470 CLUB CENTER BLVD.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition		
NAME	WOODWARD, MARK	NAME			
STREET ADDRESS	3200 TAMiami TRAIL N	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINARDO, ANTHONY	NAME	8156 Fiddler's Creek Parkway		
STREET ADDRESS	3470 CLUB CENTER BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 				Date: 2/1/07 (239) 732-9400	
Joseph Livio Parisi				Daytime Phone #	