


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90028 009 \*\*\*150.00

<b>DOCUMENT # G67270</b>	
1. Entity Name <b>HARRIS AND DARMANIAN, P.A.</b>	

Principal Place of Business <b>17100 ARVIDA PARKWAY SUITE 1 WESTON FL 33331</b>	Mailing Address <b>17100 ARVIDA PARKWAY SUITE 1 WESTON FL 33331</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>17100 Royal Palm Blvd.</b>	3. Mailing Address <b>17100 Royal Palm Blvd.</b>
Suite, Apt. #, etc. <b>Suite 1</b>	Suite, Apt. #, etc. <b>Suite 1</b>

City & State <b>Weston, FL</b>	City & State <b>Weston, FL</b>
-----------------------------------	-----------------------------------

Zip <b>33326</b>	Country <b>USA</b>	Zip <b>33326</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

1st MOORE CR2E034 (10/06)

4. FEI Number **59-2342843**

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DARMANIAN, MARIE L.  
17100 ARVIDA PARKWAY  
SUITE 1  
WESTON FL 33331**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	DP HARRIS, RICK A 17100 ARVIDA PARKWAY SUITE 1 WESTON FL 33331 <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	D DARMANIAN, MARIE L. 17100 ARVIDA PARKWAY SUITE 1 WESTON FL 33331 <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
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
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 Section 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: Marie L. Darmanian 11/29/2007 954-217-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #