


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K07069</b> 1. Entity Name <b>LAMBERTUS &amp; LAMBERTUS, P.A.</b>	
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Principal Place of Business <b>2929 EAST COMMERCIAL BOULEVARD SUITE 604 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>2929 EAST COMMERCIAL BOULEVARD SUITE 604 FORT LAUDERDALE, FL 33308</b>
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**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0019203**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**LAMBERTUS, ARTHUR W.  
2929 EAST COMMERCIAL BLVD.  
SUITE 604  
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERTUS, ARTHUR W. 2929 E COMMERCIAL BLVD FT LAUDERDALE, FL
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01/10/08-80041-014 150.00

**DO NOT WRITE  
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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:  **1/8/08 954-772-1680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #