
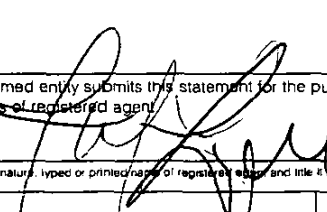
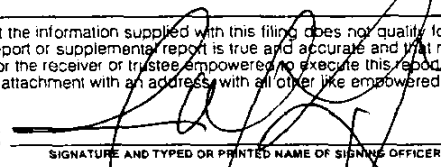


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90031 010 ***150.00

DOCUMENT # K46826 1. Entry Name RICCI ~ LEOPOLD, P.A.					
Principal Place of Business 2925 PGA BOULEVARD SUITE 200 PALM BEACH GARDENS, FL 33410			Mailing Address 2925 PGA BOULEVARD SUITE 200 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0089673			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICCI, EDWARD M 2925 PGA BOULEVARD, SUITE 200 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Theodore Leopold Street Address (P.O. Box Number is Not Acceptable) 2925 PGA Boulevard, Suite 200 City Palm Beach Gardens FL Zip Code 33410		
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 1-26-07	
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 NAME STREET ADDRESS CITY - ST - ZIP	VPSD RICCI, EDWARD 2925 PGA BLVD, STE 200 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LEOPOLD, THEODORE 2925 PGA BLVD, STE 200 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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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"/> Delete			
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 01-26-07 Daytime Phone # 561-684-6500	