

**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 Mailing Address  
**2925 PGA BOULEVARD SUITE 200 PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0089673** Applied For Not Applicable

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

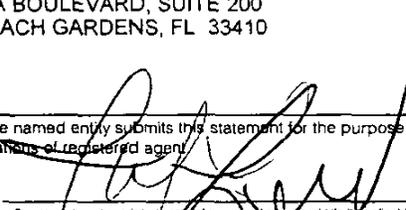
**6. Name and Address of Current Registered Agent**

**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**

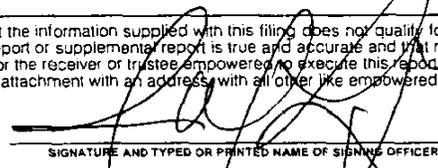
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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	VPSD RICCI, EDWARD 2925 PGA BLVD, STE 200 PALM BEACH GARDENS, FL 33410 <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	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"/> 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
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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"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR