


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K61800</b> 1. Entity Name <b>ERICSSON &amp; ASSOCIATES, P.A.</b>		
Principal Place of Business <b>23257 STATE ROAD 7 SUITE 203 BOCA RATON, FL 33428</b>	Mailing Address <b>23257 STATE ROAD 7 SUITE 203 BOCA RATON, FL 33428</b>	



07092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0093284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ERICSSON, MARK 671 GOLDEN HARBOUR DR. BOCA RATON, FL 33431</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ERICSSON, MARK 671 GOLDEN HARBOUR DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ERICSSON, ROSANNA 671 GOLDEN HARBOUR DR. BOCA RATON, FL 33431
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07/31/07-80001-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Rosanna Ericsson* Date 7-16-07 Daytime Phone # 561-479-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR