2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L62600

1. Entity Name EDWARD DE R. CAYIA, P.A.



Principal Place of Business

C/O EDWARD DE R. CAYIA 432 N.E. 3RD AVENUE FORT LAUDERDALE, FL 33301 Mailing Address

C/O EDWARD DE R. CAYIA 432 N.E. 3RD AVENUE FORT LAUDERDALE, FL 33301

FILED May 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0198396 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAYIA, EDWARD DE R. 432 N.E. 3RD AVENUE FORT LAUDERDALE, FL 33301

DO	NOT	WRITE
IN	THIS	SPACE

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	named entity submits this statement for the pi tions of registered agent	urpose of changing its register	ed office or r	registered agent,	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	ed Agent signature	e required when reinstat	ng) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May 6 Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAYIA, EDWARD DE R. 432 N.E. 3RD AVENUE FORT LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				D	O NOT WRITE
NAME STREET ADDRESS C/TY-ST-ZIP					N THIS SPACE
INTLE NAME STREET ADDRESS CITY-ST-7IP					U00000754991 05/22/07-90082-022 150.00

12. Thereby certify that the information supplied with this filling 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 attachmept with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUWW WWW.

4/30/17

954.765.1400