

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # M16771

1. Entity Name
HALEY, SINAGRA, PAUL & TOLAND, P.A.



Principal Place of Business

100 SE THIRD AVE.
SUITE 1900
FT. LAUDERDALE, FL 33394

Mailing Address

100 SE THIRD AVE.
SUITE 1900
FT. LAUDERDALE, FL 33394



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2544720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SINAGRA, FRANK J.
100 SE THIRD AVENUE, SUITE 1900
FT. LAUDERDALE, FL 33394

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000000710794
04/25/07-80057-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINAGRA, FRANK J. 100 SE THIRD AVENUE SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALEY, JAMES T. 100 SE THIRD AVENUE SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL, JAMES P 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOLAND, HOWARD S 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYER-BEDNAR, LORI L 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/06 (954) 467-1300