


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P00000060109**

1. Entity Name  
**RONALD A. DAVID & ASSOCIATES, P.A. ATTORNEY AT  
LAW**



Principal Place of Business      Mailing Address

**555 SOUTH FEDERAL HWY  
SUITE 440  
BOCA RATON, FL 33432**

**P.O. BOX 2204  
BOCA RATON, FL 33427**



01052007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-1020438**      Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVID, RONALD A  
555 SOUTH FEDERAL HWY SUITE 440  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVID, RONALD A 555 SOUTH FEDERAL HWY SUITE 440 BOCA RATON, FL 33432</b>
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01/16/07-80047-010 150.00

**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: \_\_\_\_\_ **1/8/07**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR