


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000060109


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



Principal Place of Business
555 SOUTH FEDERAL HWY SUITE 440 BOCA RATON, FL 33432

Mailing Address
P.O. BOX 2204 BOCA RATON, FL 33427

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1020438

Applied For
 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVID, RONALD A
STREET ADDRESS	555 SOUTH FEDERAL HWY SUITE 440
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ *President* **1/8/07** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #