

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 8:00 am
Secretary of State

03-07-2008 90042 048 ***150.00

DOCUMENT # P00000069663 1. Entity Name SAMUEL M. YAFFA, P.A.			
Principal Place of Business 301 WEST ATLANTIC AVENUE SUITE 0-2 DELRAY BEACH, FL 33444		Mailing Address 301 WEST ATLANTIC AVENUE SUITE 0-2 DELRAY BEACH, FL 33444	
2. Principal Place of Business - No P.O. Box # 301 West Atlantic Ave. Suite, Apt. #, etc. Suite 0-2 City & State Delray Beach FL Zip 33444		3. Mailing Address 301 West Atlantic Ave. Suite, Apt. #, etc. Suite 0-2 City & State Delray Beach FL Zip 33444	
4. FEI Number 65-1022617		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YAFFA, SAMUEL M 301 WEST ATLANTIC AVENUE SUITE 0-2 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YAFFA, SAMUEL M 301 WEST ATLANTIC AVENUE, SUITE 0-2 DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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