

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 049 ***150.00

DOCUMENT # P00000088153	
1. Entity Name ACORDIA CENTER, INC.	

Principal Place of Business 1701 LAKE WORTH RD 9 LAKE WORTH, FL 33460	Mailing Address 1320 NEW WORLD AVE LANTANA, FL 33462-1410
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40123002



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent VAISANEN, JUHA K 1320 NEW WORLD AVE. LANTANA, FL 33462	
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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 JUHA K. VAISANEN <i>Juha K. Vaisanen</i>	DATE 06/27/2007

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BRINER, PIRKKO A 1320 NEW WORLD AVE. LANTANA, FL 334621410 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAISANEN, JUHA K 1320 NEW WORLD AVE LANTANA, FL 334621410 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: JUHA K. VAISANEN <i>Juha K. Vaisanen</i>	DATE 06/27/2007 (561)585-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #