


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90020 004 \*\*\*150.00

<b>DOCUMENT # P01000000650</b> 1. Entity Name <b>JEFFREY A. CHENORE, P.A.</b>			
Principal Place of Business <b>19358 SW 64 ST FORT LAUDERDALE FL 33332</b>		Mailing Address <b>19358 SW 64 ST FORT LAUDERDALE FL 33332</b>	
2. Principal Place of Business - No P.O. Box # <b>2129 NW 127 Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>2129 NW 127 Ave</b> Suite, Apt. #, etc.		
City & State <b>Pembroke Pines FL</b> Zip <b>33028</b>	Country <b>USA</b>	City & State <b>Pembroke Pines FL</b> Zip <b>33028</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>CHENORE, JEFFREY A 19358 SW 64 ST. FORT LAUDERDALE FL 33332</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHENORE, JEFFREY A 19358 SW 64 ST. FORT LAUDERDALE FL 33332 <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 Section 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <b>3/17/07</b>  <b>954-914-9057</b>  <small>Date Daytime Phone #</small> </div>	