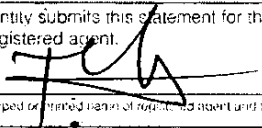


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90240 043 ***158.75

DOCUMENT # P01000052104			
1. Entity Name GAULIN, GAULIN, GAULIN, & LAZORE-KHANATARONK P.A.			
Principal Place of Business 623 E. ATLANTIC BLVD. 6013 POMPANO BEACH FL 33064		Mailing Address POST OFFICE BOX 6013 POMPANO BEACH FL 33060	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2637 E Atlantic Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 119.	
City & State		City & State POMPANO BEACH	
Zip	Country	Zip	Country
		33062	USA
6. Name and Address of Current Registered Agent GAULIN, PIERRE 623 E. ATLANTIC BLVD # 6233 POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent Name Gaulin Pierre Street Address (P.O. Box Number is Not Acceptable) 2637 E Atlantic Blvd # 119 POMPANO BEACH FL 33062 City FL 33062	
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  DATE _____ Signature, typed or printed name of registered agent and title. (Note: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 GAULIN, PIERRE 623 E. ATLANTIC BLVD., #6013 POMPANO BEACH FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gaulin Pierre 2637 Atlantic Blvd # 119 POMPANO BEACH FL 33062 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAULIN, LYNN 623 E. ATLANTIC BLVD. # 6013 POMPANO BEACH FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gaulin LYNN Box 321 LOXAHATCHEE FL 33470 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #