

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90050 015 ***150.00

DOCUMENT # P01000054386 1. Entity Name ELAINE SIMON, P.A.					
Principal Place of Business 2445 PIGEON CAY WEST PALM BEACH, FL 33411				Mailing Address 2445 PIGEON CAY WEST PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 3630 Gardens Pkwy		3. Mailing Address 3630 Gardens Pkwy		 04132008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Unit 202C		Suite, Apt. #, etc. Unit 202C			
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL			
Zip 33410	Country USA	Zip 33410	Country USA		
4. FEI Number 65-1110912				<input checked="" type="checkbox"/> 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 SIMON, ELAINE 2445 PIGEON CAY WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Elaine Simon Street Address (P.O. Box Number is Not Acceptable) 3630 Gardens Pkwy Unit 202C City Palm Beach Gardens FL Zip Code 33410	
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 <u>Elaine Simon</u> DATE <u>4/15/08</u> <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 \$550.00		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	PP SIMON, ELAINE 2445 PIGEON CAY WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elaine Simon 3630 Gardens Pkwy Unit 202C Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Elaine Simon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/15/08</u> Daytime Phone # <u>(561) 389 6530</u>		