

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 03, 2007  
Secretary of State**

DOCUMENT# P01000119587

Entity Name: ANDRA ZACHOW SALVEGGI, CPA, P.A.

**Current Principal Place of Business:**

6740 CROSSWINDS DR N  
STE L-2  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

6740 CROSSWINDS DR N  
STE L  
SAINT PETERSBURG, FL 33710

**Current Mailing Address:**

P O BOX 48254  
SAINT PETERSBURG, FL 33743

**New Mailing Address:**

FEI Number: 01-0560432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALVEGGI, ANDRA Z  
8315 - 40TH PLACE NORTH  
ST. PETERSBURG, FL 33709      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: SALVEGGI, ANDRA Z  
Address: 8315 40TH PL N  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: SALVEGGI, ANDRA Z  
Address: 8315 40TH PL N  
City-St-Zip: SAINT PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRA Z SALVEGGI

P

07/03/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date