


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 030 ***150.00

DOCUMENT # P02000018739	
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1. Entity Name
LAURA J. INTERDONATI, P.A.

Principal Place of Business 120 SOUTH OLIVE AVENUE 304 W. PALM BCH, FL 33401	Mailing Address 120 SOUTH OLIVE AVENUE SUITE 304 W. PALM BCH, FL 33401
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2. Principal Place of Business 54 Snake Hill Rd Suite, Apt. #, etc.	3. Mailing Address 10130 Northlake Blvd Suite, Apt. #, etc. 214 - 331
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City & State Cold Spring Harbor NY	City & State West Palm Beach FL
Zip 11724	Zip 33412
Country USA	Country USA

04182006 Chg-P CR2E034 (11/05)



4. FEI Number 04-3615994	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTERDONATI, LAURA J
120 SOUTH OLIVE AVENUE
SUITE 304
W. PALM BCH, FL 33401

7. Name and Address of New Registered Agent

Name: Stephen M. Lewen, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4285 SW Martin Highway
City: Palm City FL Zip Code: 34990

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INTERDONATI, LAURA J 120 SOUTH OLIVE AVENUE, SUITE 304 W. PALM BCH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Interdonati, LAURA J. 54 Snake Hill Rd Cold Spring Hbr NY 11724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

(501) 590-2089

Daytime Phone #