2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000024347

1. Entity Name
NORA E. VENTURA, P.A.

Principal Place of Business	Mailing Address
1620 S OCEAN BLVD #15-E LAUDERDALE BY THE SEA, FL 33062	1620 S OCEAN BLVD #15-E LAUDERDALE BY THE SEA, FL 33062

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0562992	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VENTURA, NORA E
1620 S OCEAN BLVD #15-E
LAUDERDALE BY THE SEA, FL 33062

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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)

U000000615 DATE 4

02/06/07-80061-001 150.00
005-4500453-1009068796
DEPOSIT ONLY 150.00
02/06/07--80061--001

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	VENTURA, NORA E
STREET ADDRESS	1620 S OCEAN BLVD #15-E
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062

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CITY-ST-ZIP	

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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: _Nno Ventura_   PRESIDENT 1/17/2007 954-941-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #