




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000044931		
1. Entity Name PAUL D. BIANCO, P.A.		
Principal Place of Business 2801 N.E. 208 TERRACE SUITE 102 AVENTURA, FL 33180		Mailing Address 2801 N.E. 208 TERRACE SUITE 102 AVENTURA, FL 33180
DO NOT WRITE IN THIS SPACE		
		
01092007 No Chg-P CR2E034 (11/05)		
4. FEI Number 03-0456188		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HERMAN, ALISON P 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE	D	
NAME	BIANCO, PAUL D	
STREET ADDRESS	2801 N.E. 208 TERRACE	
CITY- ST- ZIP	AVENTURA, FL 33180	
TITLE	ST	
NAME	BIANCO, RONNI	
STREET ADDRESS	2801 NE 208 TERRACE #102	
CITY- ST- ZIP	AVENTURA, FL 33180	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:  <i>Ronni Bianco</i>		Date: 1/9/06 Daytime Phone #: 305/730 2600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		