


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90226 033 \*\*\*150.00

DOCUMENT # P02000068534					
<b>1. Entity Name</b> THE GILLETT LAW FIRM, P.A.					
<b>Principal Place of Business</b> 2139 191 AVE. PEMBROKE PINES, FL 33029			<b>Mailing Address</b> 2139 191 AVE. PEMBROKE PINES, FL 33029		
<b>2. Principal Place of Business - No P.O. Box #</b> 7911 Biscayne Blvd		<b>3. Mailing Address</b> P. O. Box 297845			
Suite, Apt. #, etc. Suite 2, 2nd Floor		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, Florida		<b>City &amp; State</b> Pembroke Pines, FL		<b>4. FEI Number</b> 04-3687845	
<b>Zip</b> 33138		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GILLETT, GEORGIA B ESQ. 2139 191 AVE. PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 7911 Biscayne Blvd, Suite 2, 2nd Floor City <b>Miami</b> <b>FL</b> <b>Zip Code 33138</b>		
<b>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.</b> SIGNATURE <u>Georgia B. Gillett</u> , Georgia B. Gillett, Registered Agent 4/22/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILLETT, GEORGIA B ESQ. 2139 191 AVE. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete			
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<b>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.</b>			SIGNATURE: <u>Georgia B. Gillett</u> 4/22/07 954-822-1330 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		