



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 032 ***150.00

DOCUMENT # P02000082469 1. Entity Name LAW OFFICES OF GEIL S. BILU, P.A.					
Principal Place of Business 10 FAIRWAY DRIVE SUITE 204 DEERFIELD BEACH, FL 33441 US			Mailing Address C/O MARK I. INGLER, CPA PA 10100 WEST SAMPLE ROAD #326 CORAL SPRINGS, FL 33065-3973 US		
2. Principal Place of Business - No P.O. Box # 2700 W. Atlantic Blvd		3. Mailing Address Suite, Apt. #, etc. 319			
Suite, Apt. #, etc. 204-21		Suite, Apt. #, etc. 319		01082008 Chg-P CR2E034 (12/06)	
City & State Pompano Beach		City & State Pompano Beach		4. FEI Number 90-0054116	
Zip 33069		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILU, GEIL S 10 FAIRWAY DRIVE SUITE #204 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Bilu, Geil S Street Address (P.O. Box Number is Not Acceptable) 2700 W Atlantic Blvd Suite 204-21 City Pompano Beach FL Zip Code 33069		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILU, GEIL S 10 FAIRWAY DRIVE SUITE #204 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2700 W Atlantic Blvd, #204-21 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: _____ Geil S. Bilu, President 4/25/08 954-510-0109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					