

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90819 002 ***150.00

DOCUMENT # P02000089270 1. Entity Name CHARLES WAYNE WOOLDRIDGE, P.A.			
Principal Place of Business 19056 NE 29TH AVE AVENTURA, FL 33180 US		Mailing Address 19056 NE 29TH AVE AVENTURA, FL 33180 US	
2. Principal Place of Business - No P.O. Box # 3155 NW 82 AVENUE Suite, Apt. #, etc. 101 City & State Miami FL. Zip 33122 Country		3. Mailing Address 300 Oregon Street Suite, Apt. #, etc. 106 City & State Hollywood FL. Zip 33019 Country	
4. FEI Number 03-0478810		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03152007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WOOLDRIDGE, CHARLES W 19056 NE 29TH AVE AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WOOLDRIDGE, WAYNE 19056 NE 29TH AVE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Charles Wayne Wooldridge</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-15-07 Daytime Phone # 305-467-6698	