


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90071 048 ***150.00

DOCUMENT # P02000097237	
1. Entity Name LAW OFFICES OF PENALTA & STIGER, P.A.	

Principal Place of Business 225 NE MIZNER BLVD STE 300 BOCA RATON FL 33432	Mailing Address P.O. BOX 1203 BOCA RATON FL 33429
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2. Principal Place of Business - No P.O. Box # 595 SOUTH FEDERAL HWY.	3. Mailing Address SUITE 600
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc.
City & State BOCA RATON, FL.	City & State
Zip 33432	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 13-4217512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENALTA, ALEXANDER 225 NE MIZNER BLVD STE 300 BOCA RATON FL 33432	
7. Name and Address of New Registered Agent Name PENALTA, ALEXANDER ESQ. Street Address (P.O. Box Number is Not Acceptable) 595 SOUTH FEDERAL HWY SUITE 600 City BOCA RATON FL Zip Code 33432	

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 _____ DATE _____
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PENALTA, ALEXANDER 225 NE MIZNER BLVD STE 300 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PENALTA, ALEXANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1203 BOCA RATON FL 33429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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: CAMILLO A. PENALTA **ADMINISTRATOR**
Camilo A. Penalta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08 **561-955-9970**
Date Daytime Phone #