

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 Mailing Address
225 NE MIZNER BLVD STE 300 **P.O. BOX 1203**
BOCA RATON FL 33432 **BOCA RATON FL 33429**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
595 SOUTH FEDERAL HWY. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 600

1st MOORE CR2E034 (10/07)

City & State City & State
BOCA RATON, FL. City & State

4. FEI Number Applied For
13-4217512 Not Applicable

Zip Country Zip Country
33432 Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
 \$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 title, 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. \$5.00 May Be Added to Fees
 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PENALTA, ALEXANDER	
STREET ADDRESS	225 NE MIZNER BLVD STE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENALTA, ALEXANDER	
STREET ADDRESS	P.O. BOX 1203	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 links empowered.

SIGNATURE: *CAMILLO A. PENALTA* ADMINISTRATOR 561-955-9970
Quinn G. Bennett 2/5/08 561-368-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #