

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 024 ***150.00

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1. Entity Name

WILLIAM P. OWENS, C.P.A., P.A.



Principal Place of Business

12700 BISCAYNE BLVD, STE 101
NORTH MIAMI FL 33181-2024

Mailing Address

12700 BISCAYNE BLVD, STE 101
NORTH MIAMI FL 33181-2024



2. Principal Place of Business - No P.O. Box #

1175 NE 125 Street

3. Mailing Address

P.O. Box 610097

Suite, Apt. #, etc.
Suite 307

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

55-0809332

Applied For

Not Applicable

Zip

33161-5010

Country

USA

Zip

33261-0097

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORIE, JANET A
12700 BISCAYNE BLVD, STE 101
NORTH MIAMI FL 33181-2024

7. Name and Address of New Registered Agent

Name

Sayda L. Barbero

Street Address (P.O. Box Number is Not Acceptable)

1175 NE 125 Street, Suite 307

City

North Miami

FL

Zip Code

33161-5010

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/18/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME OWENS, WILLIAM P CPA
STREET ADDRESS 12700 BISCAYNE BLVD, STE 101
CITY-ST-ZIP NORTH MIAMI FL 33181-2024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1175 NE 125 Street, Suite 307
CITY-ST-ZIP North Miami, FL 33161-5010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

William P Owens

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

(305) 895 8802

Date

Daytime Phone #