

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000131011

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** WILLIAM P. OWENS, C.P.A., P.A.

**Current Principal Place of Business:**

1175 NE 125 STREET  
SUITE 307  
NORTH MIAMI, FL 331615010 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610097  
NORTH MIAMI, FL 332610097 US

**New Mailing Address:**

**FEI Number:** 55-0809332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBERO, SAYDA L  
1175 NE 125 STREET, SUITE 307  
NORTH MIAMI, FL 331615010 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** OWENS, WILLIAM P CPA  
**Address:** 1175 NE 125 STREET, SUITE 307  
**City-St-Zip:** NORTH MIAMI, FL 331615010 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM P OWENS

PRES

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date