


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90022 012 \*\*\*150.00

<b>DOCUMENT # P03000020086</b>	
1. Entity Name U. CARINA BORJESSON, P.A.	

Principal Place of Business 12790 OAK KNOLL DR PALM BEACH GARDENS, FL 33418	Mailing Address 12790 OAK KNOLL DR PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business - No P.O. Box # 2272 MERRIMACK VALLEY AVE.	3. Mailing Address 2272 MERRIMACK VALLEY AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

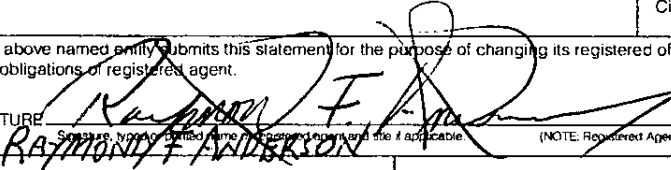
City & State HENDERSON, NV	City & State HENDERSON, NV
Zip 89044	Zip 89044
Country USA	Country USA



04122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BORJESSON, U. CARINA 12790 OAK KNOLL DR PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name: RAYMOND F ANDERSON Street Address (P.O. Box Number is Not Acceptable): 115 LINDA LANE #1 City: PALM BEACH SHORES FL Zip: 33404	
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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: 4/16/08

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	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	D BORJESSON, U. CARINA 12790 OAK KNOLL DR PALM BEACH GARDENS, FL 33418 <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:  U. CARINA BORJESSON 4/10/08 (702) 270-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #