

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

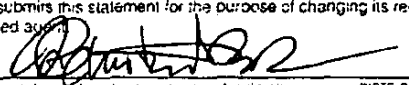
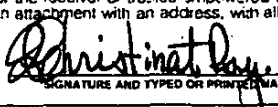
FILED
Mar 07, 2008 8:00 am
Secretary of State

02-05-2008 90007 019 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P03000033559			
1. Entity Name CAROL CHRISTINAT, P.A.			
Principal Place of Business 11990 GLENMORE DR CORAL SPRINGS FL 33071		Mailing Address 11990 GLENMORE DR CORAL SPRINGS FL 33071	
2. Principal Place of Business - No P.O. Box # 11940 GLENMORE DR		3. Mailing Address SAME.	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State Coral Springs FL		City & State SAME	
Zip 33071	Country Broward	Zip 33071	Country USA
4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAGLE, PETER B 6701 SUNSET DR., SUITE 112 MIAMI FL 33143		7. Name and Address of New Registered Agent Name n/a Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 1.14.2007	
Signature, typed or printed name of registered agent and state if local office.		(NOTE: Registered Agent's signature required when transferring)	
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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTINAT, CAROL 11940 GLENMORE DR. CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		DATE: 1 March, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	