

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90029 036 ***150.00

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1. Entity Name
WHITE HOUSE PROFESSIONAL SERVICES, INC.



Principal Place of Business
**141 NE 35TH STREET
POMPANO BEACH, FL 33064**

Mailing Address
**141 NE 35TH STREET
POMPANO BEACH, FL 33064**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0025621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COSTA, FLAVIO K
141 N E35TH STREET
POMPANO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COSTA, FLAVIO KLEBER
STREET ADDRESS 141 NE 35TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE SD
NAME MARTINEZ, JOEL
STREET ADDRESS 909 W. MCNAB ROAD, #109
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE TD
NAME SILVA, MARIA F
STREET ADDRESS 909 W. MCNAB ROAD, #109
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/07 954 588

6080