

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064458

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: THE LEGAIR LAW FIRM, P.A.

## Current Principal Place of Business:

1601 N. PALM AVE.  
304 A-B  
PEMBROKE PINES, FL 33026

## Current Mailing Address:

1601 N. PALM AVE.  
304 A-B  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

1601 N. PALM AVE.  
304 A  
PEMBROKE PINES, FL 33026

## New Mailing Address:

1601 N. PALM AVE.  
304 A  
PEMBROKE PINES, FL 33026

FEI Number: 20-0037419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGAIR, LASHAWN  
1601 N. PALM AVE.  
304 A-B  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

LEGAIR, LASHAWN  
1601 N. PALM AVE.  
304 A  
PEMBROKE PINES, FL 33026 US

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:

04/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEGAIR, LASHAWN L  
Address: 1601 N. PALM AVE., SUITE 304 A-B  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: S ( ) Delete  
Name: LEGAIR, LASHAWN L  
Address: 1601 N. PALM AVE., SUITE 304 A-B  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T ( ) Delete  
Name: LEGAIR, LASHAWN L  
Address: 1601 N. PALM AVE., SUITE 304 A-B  
City-St-Zip: PEMBROKE PINES, FL 33026 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEGAIR, LASHAWN L  
Address: 1601 N. PALM AVE., SUITE 304 A  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: S (X) Change ( ) Addition  
Name: LEGAIR, LASHAWN L  
Address: 1601 N. PALM AVE., SUITE 304 A  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T (X) Change ( ) Addition  
Name: LEGAIR, LASHAWN L  
Address: 1601 N. PALM AVE., SUITE 304 A  
City-St-Zip: PEMBROKE PINES, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LASHAWN LEGAIR

P

04/07/2007

Electronic Signature of Signing Officer or Director

Date