

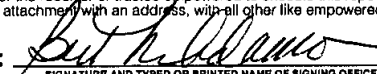


Apr 2
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**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000143328		
1. Entity Name BERT M. ADAMO, P.A.		
Principal Place of Business 10688 NW 48TH STREET CORAL SPRINGS, FL 33076		Mailing Address 10688 NW 48TH STREET CORAL SPRINGS, FL 33076
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADAMO, BERTHA M 10688 NW 48TH STREET CORAL SPRINGS, FL 33076		
		04162007 No Chg-P CR2E034 (11/05)
		4. FEI Number 03-0532365
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMO, BERT M 10688 NW 48 ST. CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="margin-bottom: 20px;">U00000730176 05/08/07-80070-004 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4-16-07 954-254-3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #