

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009452

FILED
Mar 07, 2007
Secretary of State

Entity Name: LAW OFFICES OF FRANCISCO COLON JR P A

Current Principal Place of Business:

377 MAITLAND AVENUE
1006
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 948181
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 20-0580661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLON, FRANCISCO JR
377 MAITLAND AVE
SUITE 1006
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLON, FRANCISCO JR
Address: 377 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TREA () Delete
Name: CRESPO COLON, IVETTE D
Address: 250 CAROLINA AVENUE 204B
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCISCO COLON JR.

ATTY

03/07/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date