
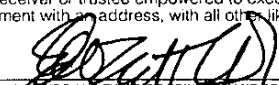


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90041 019 \*\*\*150.00

<b>DOCUMENT # P04000054529</b> 1. Entity Name EDWARD T. YEVOLI, P.A.					
Principal Place of Business 1500 NORTH FEDERAL HWY SUITE 250 FORT LAUDERDALE, FL 33304			Mailing Address 1500 NORTH FEDERAL HWY SUITE 250 FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # <b>200 S. Andrews Ave</b>		3. Mailing Address <b>200 S. Andrews Ave</b>			
Suite, Apt. #, etc. <b>Ste 600</b>		Suite, Apt. #, etc. <b>Ste 600</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>			
Zip <b>33301</b>		Country <b>U.S.A</b>		Zip <b>33301</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>			
6. Name and Address of Current Registered Agent  YEVOLI, EDWARD T ESQ. 1500 NORTH FEDERAL HWY SUITE 250 FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name <b>Yevoli, Edward T ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Andrews Ave</b> <b>Ste 600</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33301</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	P YEVOLI, EDWARD T 1500 NORTH FEDERAL HWY SUITE 200 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yevoli, Edward T 200 S. Andrews Ave, Ste 600 Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			1/18/08 954-566-7117		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		