

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90022 014 ***150.00

DOCUMENT # P04000069270											
1. Entity Name JAMES D. SALLAH, P.A.											
Principal Place of Business 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431			Mailing Address 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431								
2. Principal Place of Business - No P.O. Box # 2101 NW CORPORATE BLVD.		3. Mailing Address 2101 NW CORPORATE BLVD.									
Suite, Apt. #, etc. 218		Suite, Apt. #, etc. 218									
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA		4. FEI Number 20-1076884							
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SALLAH, JAMES D 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name SALLAH, JAMES D</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD., STE 218</td> </tr> <tr> <td style="padding: 2px;">City BOCA RATON</td> <td style="padding: 2px;">Zip Code FL 33431</td> </tr> </table>			Name SALLAH, JAMES D		Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD., STE 218		City BOCA RATON	Zip Code FL 33431
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Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD., STE 218											
City BOCA RATON	Zip Code FL 33431										
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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE: </td> <td style="width:40%; text-align: center;">James D. Sallah, Registered Agent</td> <td style="width:30%; text-align: right;">03/27/2008</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable.</td> <td style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small; text-align: right;">DATE</td> </tr> </table>						SIGNATURE:	James D. Sallah, Registered Agent	03/27/2008	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE:	James D. Sallah, Registered Agent	03/27/2008									
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, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP SALLAH, JAMES D 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP SALLAH, JAMES D 2101 NW CORPORATE BLVD., STE 218 BOCA RATON, FLORIDA 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SALLAH, JAMES D 2101 N.W. CORPORATE BLVD., STE. 216 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SALLAH, JAMES D 2101 NW CORPORATE BLVD., STE 218 BOCA RATON, FLORIDA 33431	<input checked="" 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:		James D. Sallah		03/27/2008							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(561) 989-9080							