

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088409

FILED
May 21, 2007
Secretary of State

Entity Name: LAW OFFICES OF ANTOINETTE DIAZ DODD, PA

Current Principal Place of Business:

4800 W COMMERCIAL BLVD
TAMARAC, FL 33319

New Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323

Current Mailing Address:

4800 W COMMERCIAL BLVD
TAMARAC, FL 33319

New Mailing Address:

P.O. BOX 26326
TAMARAC, FL 33320

FEI Number: 27-0093587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, ANTOINETTE D
5720 S PLUM PKWY
TAMARAC, FL 33321 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: DP () Delete
Name: DODD, ANTOINETTE D
Address: 5720 S PLUM BAY PKWY
City-St-Zip: TAMARAC, FL 33321

Title: DS () Delete
Name: DODD, JASON
Address: 5720 S PLUM BAY PKWY
City-St-Zip: TAMARAC, FL 33321

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 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: ANTOINETTE DIAZ DODD

DP

05/21/2007

Electronic Signature of Signing Officer or Director

Date