

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90050 018 \*\*\*150.00

DOCUMENT # P04000102065			
1. Entity Name LINDA SGROI, P.A.			
Principal Place of Business 301 PALM WAY #208 PEMBROKE PINES, FL 33025 US		Mailing Address 301 PALM WAY #208 PEMBROKE PINES, FL 33025 US	
2. Principal Place of Business - No P.O. Box # 17108 CARRINGTON PARK DR		3. Mailing Address 17108 CARRINGTON PARK DR	
Suite, Apt. #, etc. 719		Suite, Apt. #, etc. 719	
City & State Tampa FL		City & State Tampa FL	
Zip 33647	Country USA	Zip 33647	Country USA
6. Name and Address of Current Registered Agent SGROI, LINDA PRES 301 PALM WAY 208 PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name SGROI, LINDA Street Address (P.O. Box Number is Not Acceptable) 17108 CARRINGTON PARK DR # 719 City Tampa FL Zip Code 33647	
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 		DATE 1-4-07	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SGROI, LINDA 301 PALM WAY #208 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SGROI, LINDA 17108 CARRINGTON PARK DR # 719 TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SGROI, JIM 301 PALM WAY #208 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SGROI, JIM 17108 CARRINGTON PARK DR # 719 TAMPA, FL 33647 <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
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: 		Date 1-4-07 Daytime Phone # 813-514-6105	