

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90023 035 ***150.00

DOCUMENT # P04000110559					
1. Entity Name DEBRA DEFARLO P.A.					
Principal Place of Business 10291 TRIANON PL WELLINGTON, FL 33467			Mailing Address 10291 TRIANON PL WELLINGTON, FL 33467		
2. Principal Place of Business - No P.O. Box # 630 S. Sapodilla Ave. Suite, Apt. #, etc. Ph25		3. Mailing Address 630 S. Sapodilla Ave. Suite, Apt. #, etc. Ph25			
City & State West Palm Beach FL		City & State West Palm Beach FL		07022007 Chg-P CR2E034 (12/06)	
Zip 33401		Country Palm Beach		4. FEI Number 20-1418025	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEFARLO, DEBRA 10291 TRIANON PL WELLINGTON, FL 33467			7. Name and Address of New Registered Agent Name: Debra Defarlo Street Address (P.O. Box Number is Not Acceptable): 630 S. Sapodilla Ave. Ph25 City: West Palm Beach FL Zip Code: 33401		
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: <u>Debra Defarlo</u> DATE: <u>8/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DEFARLO, DEBRA STREET ADDRESS 10291 TRIANON PL CITY-ST-ZIP WELLINGTON, FL 33467	<input type="checkbox"/> Delete		TITLE P NAME Debra Defarlo STREET ADDRESS 630 S. Sapodilla Ave Ph25 CITY-ST-ZIP West Palm Beach FL 33401	<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	
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: <u>Debra Defarlo</u>			Debra Defarlo <u>SG1 389-9236</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		