


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90003 049 \*\*\*150.00

<b>DOCUMENT # P04000121634</b>			
<b>1. Entity Name</b> <b>BETH ALLISON LASALA, INC.</b>			
<b>Principal Place of Business</b> <b>16747 WEST AQUANET DR</b> <b>LOXAHATCHEE, FL 33470</b>		<b>Mailing Address</b> <b>16747 WEST AQUANET DR</b> <b>LOXAHATCHEE, FL 33470</b>	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <i>1210 NW 20th Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b> <i>Delray Beach, FL</i>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b> <i>33445</i>	<b>Country</b> <i>Palm Beach</i>
<b>4. FEI Number</b> <b>81-0655654</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>LASALA, BETH ALLISON</b> <b>16747 WEST AQUANET DR</b> <b>LOXAHATCHEE, FL 33470</b>		<b>7. Name and Address of New Registered Agent</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
<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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LASALA, BETH ALLISON</b> <input type="checkbox"/> Delete <b>16747 WEST AQUANET DR</b> <b>LOXAHATCHEE, FL 33470</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LASALA, BETH ALLISON</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1210 NW 20th Ave</i> <i>Delray Beach, FL 33445</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Beth Allison Lasala</i> _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			