


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 8:00 am  
Secretary of State

02-01-2007 90032 038 \*\*\*150.00

DOCUMENT # P05000004455					
1. Entity Name TERRI L. ABRAMO, INC.					
Principal Place of Business P.O. BOX 1183 TAVERNIER, FL 33070			Mailing Address 125 FONTAINE DR TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3794233	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THORRICK, JOSEPH E CPA 171 HOOD AVENUE, SUITE 24 TAVERNIER, FL 33070			7. Name and Address of New Registered Agent Name <u>Joe A Catrinu, Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>91760 Overseas Highway</u> City <u>Tavernier</u> FL Zip Code <u>33070</u>		
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>[Signature]</u> DATE <u>2/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	P ABRAMO, TERRI L P.O. BOX 1183 TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Abramo Terri L 86000 Overseas Hwy Islamorada, FL 33036	<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: <u>Terri L. Abramo</u>			Date <u>1-30-07</u> Daytime Phone # <u>305 522-4121</u>		