2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P05000031679 03-27-2007 90003 042 ***150.00 1. Entity Name BRADLEY ORVIETO, P.A. Principal Place of Business Mailing Address UUUUU ~~~ 10824 NW 2 STREET **10824 NW 2 STREET** PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 CR2E034 (12/06) City & State City & State 4. FEI Number APPLIED FOR 265821963 Applied For Not Applicable Zip Country 2io Cduntry \$8.75 Additional 5. Certificate of Status Desired beriuppA ee² 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORVIETO, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 10824 NW 2 STREET PLANTATION, FL 33324 City Zio Code 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 Signature, typinal or premise nating of registrated supers and title it replaced to (NOTE: Paradienas Assett formation resources settes emissation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 41. TITLE Delete TIFLE ☐ Change Addition ORVIETO, BRADLEY NAME NAME STREET ADDRESS 10824 NW 2 STREET STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY - ST- 78P ME Delete TITLE Change Addition HAJÆ HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-2IP Defete nter THEF ■ Addition PAME HAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE TITLE Delete ☐ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-S1-ZP CITY-ST-ZIP TITLE Delete IIIL E ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE INLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all process. does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ther like ownowered SIGNATURE: _ SIGNATURE AND TYPED SHAPE ED HAME OF SIGNING OFFICER OR DIRECTOR Caty Daytere Ptone