


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90219 012 \*\*\*158.75

<b>DOCUMENT # P05000041502</b>	
1. Entity Name <b>AMERA ASSOCIATES, INC.</b>	

Principal Place of Business <b>2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>
---	---

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
-----	---------	-----	---------

40083300



01152007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2556188</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

6. Name and Address of Current Registered Agent <b>RAHAEL, GEORGE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	[ RAHAEL, GEORGE <input type="checkbox"/> Delete 2900 UNIVERSITY DR POMPANO BEACH, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rahael, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAHAEL, PAULINE <input type="checkbox"/> Delete 2900 UNIVERSITY DR POMPANO BEACH, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S Rahael, Pauline <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHAEL, GISELE <input type="checkbox"/> Delete 2900 UNIVERSITY DR POMPANO BEACH, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rahael, Gisele <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LADD, CHARLES <input type="checkbox"/> Delete 2900 UNIVERSITY DR 26 POMPANO BEACH, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ladd, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 University Drive Coral Springs, FL 33065
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:**  **George Rahael, President** **4/15/07** **954-753-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #