


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 011 ***150.00

DOCUMENT # P05000046277					
1. Entity Name LAW OFFICE OF K. S. GRIFFIN, PROFESSIONAL ASSOCIATION					
Principal Place of Business 6101 SANDY BANKS TERRACE WEST PALM BEACH, FL 33407			Mailing Address 4065 NORTH HAVERHILL ROAD SUITE B-3166 WEST PALM BEACH, FL 33416		
2. Principal Place of Business - No P.O. Box # 11911 U.S. Highway 1		3. Mailing Address 4065 North Haverhill Rd			
Suite, Apt. #, etc. 201-10		Suite, Apt. #, etc. Suite B-3166			
City & State North Palm Beach, FL		City & State West Palm Beach, FLORIDA			
Zip 33408		Country USA		Zip 33417	
Country USA		4. FEI Number 59-3802514			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, KANISHA S 6101 SANDY BANKS TERRACE WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <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 GRIFFIN, KANISHA S 6101 SANDY BANKS TERRACE WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an other like empowered.					
SIGNATURE: _____			4/29/07 561-572-1339		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		