2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

ANNOAL REPORT					-	04-18-2007 9	00194022	***150	00
DOCUMENT # P05000046810 1. Entity Name PATRICIA ROSENBERG BIGGAR, PA						04-10-2007	0184 032	130.	00
Principal Place of Business Mailing Address]	-083			
146 S. W. 99TH WAY CORAL SPRINGS, FL 33071		146 S. 99TH WAY CORAL SPRINGS, FL 33071		\$00E	7942				
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04132007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		····	4. FEI Number 20-2577			1-4	plied For Applicable
Zip	Country	Zip Cou			 	of Status Desired		8.75 Addi	itional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	jent	
DEDTOLINI MICUELLE C				ne					Į
BERTOLINI, MICHELLE S 3720 COCONUT CREEK PARKWAY SUITE D				Street Address (P.O. Box Number is Not Acceptable)					
COCONU	T CREEK, FL 33066		Ĺ						
			City				FL	Zip Code	3
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered offic	e or registe	red agent, or both	n, in the State of Flo	orida. I am fa	miliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent (ignature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont		□ \$5	.00 May Be ded to Fees				,
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	P	Delete	TITLE	-				Сhange	☐ Addition
NAME	BIGGAR, PATRICIA L		NAME						
STREET ADDRESS CITY-ST-ZIP	146 S. W. 99TH WAY CORAL SPRINGS, FL 33071		STREET ADDA	522					
TITLE	OOIVE OF AIMOS, FE 05077	☐ Delete	TITLE	-				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADOR	eess					
TITLE		☐ Delete	TITLE					Change	Addition
NAME		 = 	NAME]					
STREET ADDRESS			STREET ADDR						
C/TY-ST-ZIP			CITY-ST-ZIP						
NAME		☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS			STREET ADDR	ESS					
CITY-ST-ZIP			CITY-ST-ZIP	- 1					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDR	1					
TITLE		Deleje	TITLE					☐ Change	Addition
NAME		C Delete	NAME					Ondings	
STREET ADDRESS			STREET ADDE	ESS					
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby indicated of the co-	certify that the information supplied wild don this report or expellmental report reporation or the receiver or trustee emp I, or on an attachment with an address.	th this filing does not qualify f is true and accurate and that cowered to execute this repor , with all other like empowered	or the exemption my signature sit t as required by t.	ons containe half have the y Chapter 60	ed in Chapter 119 e same legal effec 07, Florida Statute	, Florida Statutes. t as if made under s; and that my nam	I further certi oath; that I a ne appears in	ly that the ir m an officer Block 10 or	nformation or director r Block 11 if