## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2007 08:00 A Secretary of State

ANNUAL REPORT				<b>-</b>	Apr 04, 2007 00		
DOCUMENT # P05000055062  1. Entity Name FRANK PERDOMO, P.A.		62			S	ecretary of S	
Principal Plac 4253 CEDAR LAKE WORTH	R CREEK RANCH CIRCLE	Mailing Address POB 542302 LAKE WORTH, FL 33454					
DO NOT WRITE IN THIS SPA			CE	03142007 4. FEI Number 20-267	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required	
PERDOMO, FRANCISCO 4253 CEDAR CREEK RANCH CIRCLE LAKEWORTH, FL 33467					NOT WE		
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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  DATE						3/13/07	
		Election Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERDOMO, FRANCISCO 4253 CEDAR CREEK RANCH CIRC LAKEWORTH, FL 33467		-		U00000 04/12/07-	690755 80002-015 158.75	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PERDOMO, FRANCISCO 4253 CEDAR CREEL RANCH CIRC LAKEWORTH, FL 33467	CLE	- -	DΟ	NOT WE	DITE	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ITILE  VAME  STREET ADDRESS  CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this like 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/13/07

Date

Deytime Phone #