

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90039 010 ***150.00

DOCUMENT # P05000058465					
1. Entity Name JAIRO G. LAVERDE PA					
Principal Place of Business 10001 TAMiami TRAIL NORTH NAPLES, FL 34108			Mailing Address 1006 FOUNTAIN RUN NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box # <u>3463 PINE RIDGE RD</u>		3. Mailing Address <u>3463 PINE RIDGE RD.</u>			
Suite, Apt. #, etc. <u>101.</u>		Suite, Apt. #, etc. <u>101.</u>			
City & State <u>NAPLES, FL.</u>		City & State <u>NAPLES, FL.</u>			
Zip <u>34109.</u>		Country		Country	
		<u>34109.</u>			
6. Name and Address of Current Registered Agent LAVERDE, JAIRO G 1006 FOUNTAIN RUN NAPLES, FL 34119			7. Name and Address of New Registered Agent Name <u>LAVERDE, JAIRO G.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3463 PINE RIDGE RD STE 101.</u> City <u>NAPLES.</u> FL Zip Code <u>34109.</u>		
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 <u>X</u> <u>JAIRO G. LAVERDE.</u>		DATE <u>04/02/07.</u>			
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 LAVERDE, JAIRO G 1006 FOUNTAIN RUN NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LAVERDE, JAIRO. 3463 PINE RIDGE RD STE 101 NAPLES, FL 34109.	<input checked="" 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
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
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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 reports 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: <u>JAIRO G. LAVERDE.</u>			DATE <u>04/02/07.</u> (231) 273-5287		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

