

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066712

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAW OFFICE OF B.J. REEVES, P.A.

Current Principal Place of Business:

6565 TAFT ST STE 102
HOLLYWOOD, FL 33024

New Principal Place of Business:

1779 N. UNIVERSITY DRIVE #202
PEMBROKE PINES, FL 33024

Current Mailing Address:

6565 TAFT ST STE 102
HOLLYWOOD, FL 33024

New Mailing Address:

1779 N. UNIVERSITY DRIVE #202
PEMBROKE PINES, FL 33024

FEI Number: 20-3180082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, B.J.
6565 TAFT ST STE 102
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

REEVES, B.J.
1779 N. UNIVERSITY DRIVE #202
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: B.J. REEVES

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REEVES, B.J.
Address: 6565 TAFT ST, STE 102
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REEVES, B.J.
Address: 1779 N. UNIVERSITY DRIVE #202
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.J. REEVES

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date