


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000090181

1. Entity Name
ELENA FIOCCHI, P.A.



Principal Place of Business
1856 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

Mailing Address
1856 MONTE CARLO WAY
CORAL SPRINGS, FL 33071



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3422295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIOCCHI, ELENA
1856 MONTE CARLO WAY
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FIOCCHI, ELENA 1856 MONTE CARLO WAY CORAL SPRINGS, FL 33071
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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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] July 10, 2007 954-298-4857
Date Daytime Phone #