## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000091765

1. Entity Name BRENDA ESPINOZA, PA



Principal Place of Business

Mailing Address

5415 SACRAMENTO CT. ORLANDO, FL 32821 5415 SACRAMENTO CT. ORLANDO, FL 32821 FILED Mar 19, 2007 08:00 AM Secretary of State



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03152007	No Chg-P	CR2E034 (11/05)	

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, BRENDA N 5415 SACRAMENTO CT. ORLANDO, FL 32821

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	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accep	it
SIC	NATURE				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	ı	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESPINOZA, BRENDA N 5415 SACRAMENTO CT. ORLANDO, FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
NAME STREET ADDRESS		

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## DO NOT WRITE IN THIS SPACE

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 receive of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

INATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

03/15/07 407-256-3382

Daytime Phone #