## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000112206 1. Entity Name LAURAN GUASTALLI, P.A.

Principal Place of Business

1430 NW 93RD TERR CORAL SPRINGS, FL 33071 Mailing Address

1430 NW 93RD TERR CORAL SPRINGS, FL 33071

# **FILED** Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90048 035 \*\*\*150.00

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#### DO NOT WRITE IN THIS SPACE

03292007 CR2E034 (11/05)

4. FEI Number 20-3322427

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUASTALLI, LAURAN P.:. 1430 NW 93RD TERR POMPANO BEACH, FL 33071

SIGNATURE:

### 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 Signature, hipped or printed name of registered agent and title if applicable. (NOTE: Registered Age				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUASTALLI, LAURAN P 1430 NW 93RD TERR CORAL SPRINGS, FL 33071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 feceiver or truefee 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.					

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR