## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 08:00 A Secretary of State

ANNOALKLIOKI							
DOCUMENT # P05000 1. Entity Name JEFFREY L. CHAMBERS, P.A.							
Principal Place of Business	Mailing Address						
15342 SW 20TH STREET MIRAMAR, FL 33027	15342 SW 20TH STREET MIRAMAR, FL 33027						

JEFFREY	L. CHAMBERS, P.A.					
Principal Plac 15342 SW 20 MIRAMAR, FL	OTH STREET	Mailing Address 15342 SW 20TH STREET MIRAMAR, FL 33027	. ,,			
DO NOT WRITE IN THIS SPACE		02062007 No Chg-P CR2E034 (11/05)				
	O NOI WRITE	IN THIS SPA		4. FEI Numb 20-338 5. Certificate		Applied For  Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			<del> </del>	
15342 SW	RS, JEFFREY L 20TH STREET , FL 33027				NOT WRIT	
	named entity submits this statement for tions of registered agent.					n familiar with, and accept
	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registered	d Agent signature required	when reinstating)	DATE	•
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing \$5.	00 May Be ed to Fees		
10.	OFFICERS AND D	IRECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, JEFFREY L 15342 SW 20TH STREET MIRAMAR, FL 33027		·			
TITLE NAME STREET ADDRESS			,	,	• • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	·		. , ,	50	NOT WOLT	
CITY-SI-ZIP TITLE NAME					NOT WRIT THIS SPAC	
STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		Hanaaaaa	22
TITLE NAME STREET ADDRESS CITY-ST-ZIP					0000007027 04/20/07-8010	9-019 150.00

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 officer like empowered.

SIGNATURE!

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9542437843

CHAMBERS